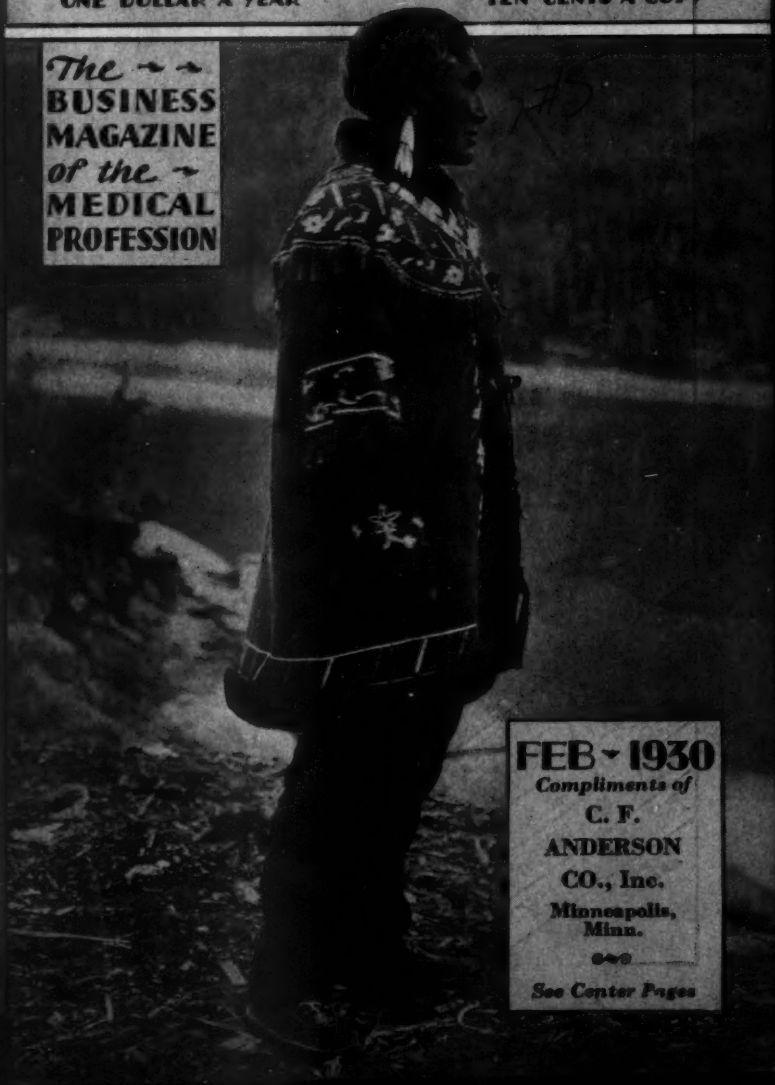
FEB 28

MEDICAL ECONOMICS

ONE DOLLAR A YEAR — TEN CENTS A COPY

The BUSINESS MAGAZINE *of the* MEDICAL PROFESSION



FEB - 1930

Compliments of
C. F. ANDERSON CO., Inc.
Minneapolis, Minn.

See Center Pages

FELLOWS' SYRUP



The first line of Body Defense assured through
"CHEMICAL TISSUE FOODS"
combined with the dynamic action of strychnine and quinine

DEMINERALIZATION
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The FOOD TONIC

POTASSIUM
MANGANESE
PHOSPHORUS
CALCIUM
SODIUM
IRON

MEDICAL & ECONOMICS

The Business Magazine of the Medical Profession

H. Sheridan Baketel, A.M., M.D., Editor
Harold S. Stevens, Managing Editor
Merryle Stanley Rukeyser, Financial Editor
Lansing Chapman, Publisher

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MEDICAL ECONOMICS: *Published monthly at Rutherford, N. J., exclusively for physicians. Circulation more than 120,000.* MEDICAL ECONOMICS, INC., *Publishers, Rutherford, N. J.*

TIME is short and experiment dangerous; therefore be prompt and apply a sure remedy, avoiding doubtful treatment."

Hippocrates.

Antiphlogistine

is peculiarly helpful when treated as a topical application in the treatment of

Rheumatic Pains

The various classifications and types of Rheumatic conditions, which probably are merely steps in the processes of the same disease, respond favorably to the continuous application of Moist Heat.

Antiphlogistine, applied in a hot, thick layer, over the affected area

Relieves Muscle Spasms and
Reduces Pain and Swelling

Antiphlogistine is the ideal soothing and antiseptic poultice for conditions associated with Inflammation and Congestion.

The Denver Chemical M'f'g Co.

New York, N. Y.

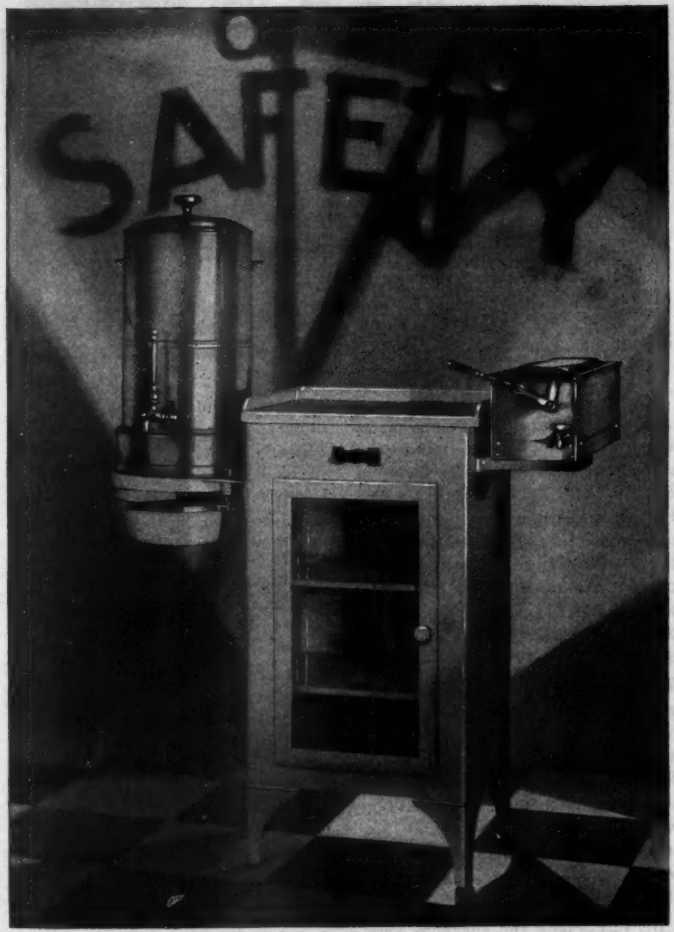
The DENVER CHEMICAL MFG. CO.
163 Varick St., New York City.

You may send me free of all charges literature and sample of Antiphlogistine for clinical trial.

.....M. D.

Address .....

.....



"Full-Automatic Heat Control" gives you greater Sterilizing Safety
Send us your name and we can tell you why

World's Largest Line of Sterilizers

CASTLE

1143 University Ave. Rochester N. Y.

Dr..... Address .....

Weapon-salves and sympathetic powders

"A PERFECTLY divine remedy," said Madame de Sevigné of Sir Kenelm Digby's special hobby, the sympathetic powder. The Duke of Buckingham testified that Sir Kenelm had healed his secretary of a gangrenous wound by simply soaking the bloody bandage in a solution of the powder. As one historian puts it "a sort of wireless therapy" was apparently going on. Where, O where, is it now?

Strange as it may seem, there was a great to-do in the seventeenth century over the subject of sympathetic medicine. Take the weapon salve. The treatment consisted in applying a healing unguent to the weapon which had inflicted the wound. The wound itself was wrapped in wet lint. Another plain case of wireless therapy—the lost science.

Still, physicians and surgeons seem to be getting along all right without it. Perhaps it might not work very well against a thriving colony of staphylococci, for example. Not by any means so well as Zonite—the modern germicide.

Zonite is a stable sodium hypochlorite. The value of the active principle, sodium hypochlorite, has been thoroughly demonstrated. Its worth in medical practice has been well established. Zonite presents this agent in a standardized solution.

Zonite is mildly alkaline, hypertonic, non-irritating and non-toxic. It is rich in chlorine content and keeps its strength indefinitely. It is non-hemolytic, non-coagulating. Yet it is penetrating, and active even in the presence of organic matter. Zonite is economical and always ready to use, requiring no preparation. Moreover it is valuable over a broad field, meeting effectively every indication for its use.

Professional endorsement is inevitable after a practical trial and, accordingly, a full-size bottle will be sent on request. This will be accompanied by literature and laboratory reports showing results under varying conditions. A perusal of these will show that no unwarranted claims for efficacy or therapeutic value are made for this antiseptic. Write: Zonite Products Corporation, 250 Park Avenue, New York, N. Y.



The B-D YALE Syringe

A new and improved syringe of special formula resistant glass, that has established its superiority in comparative tests

The B-D Yale Syringe is made of special-formula resistant glass that is *actually resistant.*

It can be transferred repeatedly from boiling water to ice water (or vice versa) without damage.

It offers unusual resistance to the wear and tear of continued sterilization.

It successfully resists the action of the medications used for hypodermic injection.

It has an indelible scale which tests will demonstrate is *permanent.*

It has a new type, chromium-plated, efficient plunger holder which prevents the plunger from slipping or falling out.

It has numbered barrel and plunger to facilitate assembling after sterilizing.

It is so accurate that it may be used as a standard for measuring hypodermic medications.

It has a narrow precision line at the end of the plunger that greatly facilitates easy and accurate reading.

It has a strong glass flange which offers a secure grip and prevents the syringe from rolling.

It operates with a smooth, pleasing action — no jumps or jerks—because the ground surfaces of piston and cylinder are polished to a nicety.

It fits B-D Yale and Erusto Needles because the tips are of uniform taper.

The B-D Yale Syringe is the result of thirty years of experience, many years of active research and a long period of comparative testing.

It is an accurate, efficient economical instrument which will appeal to every physician who insists upon the finest available support for the work he is doing.

Sold Through Dealers

The coupon is for your convenience in ordering for immediate trial. Kindly mention your dealer's name.

NOTE: *For many years we have maintained a very liberal policy with regard to repairs of all* B-D *Syringes. When repairs are needed your dealer can handle them for you promptly.*

B-D PRODUCTS

Made for the Profession

Makers of Genuine Luer B-D, Luer-Lok and B-D Yale Syringes, Erusto and Yale Quality Needles, B-D Thermometers, Ace Bandages, Asepto Syringes, Armored B-D Manometers, Spinal Manometers and Professional Leather Goods.

Gentlemen: Kindly enter my order for.....(Quantity) B-D Yale Syringes.
(Check Size Wanted)

..... 1½ C. C.—$1.00
..... 2 C. C.—$1.25
..... 5 C. C.—$2.00
.....10 C. C.—$2.50

To insure prompt shipment give dealer's name.
M.E.2

Name .....
Street and No. .....
City ..... **State** .....
Dealer's Name .....

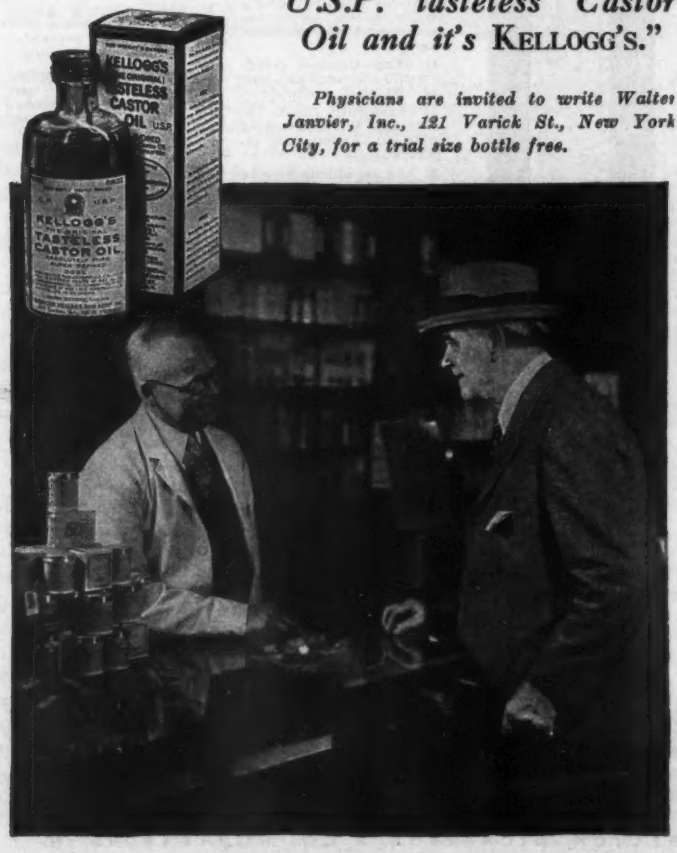
BECTON, DICKINSON & CO., RUTHERFORD, N. J.

Mutually Satisfactory

DOCTOR: *"You sent the patient Kellogg's tasteless, of course?"*

DRUGGIST: *"Of course. There's only one U.S.P. tasteless Castor Oil and it's* KELLOGG'S."

Physicians are invited to write Walter Janvier, Inc., 121 Varick St., New York City, for a trial size bottle free.





Wash . . . Wash . . . Wash

A DOCTOR'S HANDS are in water so much that chapping and roughness are very liable to result. This is a strong reason for the exclusive use of Synol Soap, known throughout the profession for its softening, non-irritating and antiseptic qualities. It is, moreover, a great prophylactic asset in the obstetrical bag of the general practitioner.

Allow us to send you a bottle.

JOHNSON & JOHNSON, New Brunswick, N. J.
I should like to try a bottle of Synol Soap

.....M. D.

Address .....

Consider the

NON-INJURIOUS AFFINITY

of

MERCUROCHROME

220 SOLUBLE

(*dibrom-oxymercuri-fluorescein*)

for BODY TISSUES

Mercurochrome, by its stain, fixes itself in body cells and penetrates beneath the superficial surface. When applied in wounds or on mucous membranes, it remains *in situ* for hours and the sterilizing or aseptic period is definitely prolonged. There is not only a decided bactericidal action at the time of application, but this action is extended and, more than that, the field is kept aseptic for a considerable period of time, because of the intimate contact Mercurochrome maintains with body cells and because of the pronounced bacteriostatic action exhibited even in exceedingly high dilutions. As body tissues are not damaged,

Natural Body Defenses Are Not Interfered With

and nature's own method of healing progresses more rapidly. Mercurochrome is not a transient germicide that is washed away in a few minutes and that must accomplish complete sterilization immediately, usually at the expense of damaged tissues, but it is a potent bactericide that stays where applied and insures, in addition to its immediate germicidal action, prolonged bacteriostatic action and a strong defense against reinfection or contamination.

When attempts are made to evaluate various germicides and antiseptics, due weight should be given to this non-injurious affinity of Mercurochrome for body tissues, as it is apparent that this feature is largely responsible for the superior clinical results, evidenced chiefly by prompt clean healing of wounds and by rapid control of mucous membrane infections, obtained with Mercurochrome.

HYNSON, WESTCOTT & DUNNING - Baltimore, Maryland

MEDICAL & ECONOMICS
The Business Magazine of the Medical Profession

Volume 7 February, 1930 *Number 5*

Dramatizing the Story of HEALTH

Parke-Davis campaign illustrates restrained use of dramatic incidents in Health Advertising

By Harold S. Stevens
Managing Editor, Medical Economics

EVERY advertising campaign that has to do with Health, and is intended to be read by the general public, is bound to contain more or less material which the medical profession (great potential advertiser that it is) would do well to study.

By studying these campaigns, the profession will eventually evolve its own advertising technique, so that, when the time comes for medicine to give its own message to the public, it will know what it wants to say, and how to say it.

But there is an even bigger reason than this why the individual physician should give careful attention to Health Advertising. It is because he will thus become familiar with the good things that advertising can accomplish, and becoming familiar, he will cease to fear and to scorn. Collectively he will create the sentiment that will make possible a nation-wide campaign endowed by the profession itself.

I have written these introductory paragraphs to explain the prominence repeatedly given to Health Advertising projects, in these pages. Sometimes these projects are carried on by medical societies (see MEDICAL ECONOMICS, January, 1930). Sometimes they are carried on by a foundation like the Gorgas Memorial Institute (see MEDICAL ECONOMICS March, 1929). Others, just as effective, are financed by manufacturing concerns related to the medical profession (see MEDICAL ECONOMICS, September, 1928).

In this last class falls the Parke-Davis campaign, conspicuous for its use of dramatic incidents and for its fine advertising technique.

In June, 1928, every physician

in the United States received a letter from Parke, Davis & Company to the effect that this concern was inaugurating a policy of general advertising in a number of popular magazines. Advance copies of several advertisements were enclosed.

This was indeed a radical departure for a firm who for 63 years has strongly felt that it should hold to the same code of ethics regarding advertising as did physicians themselves. And, because of the danger of their purpose being misunderstood by some physicians, the step must have taken considerable courage on the part of the management of Parke, Davis & Company.

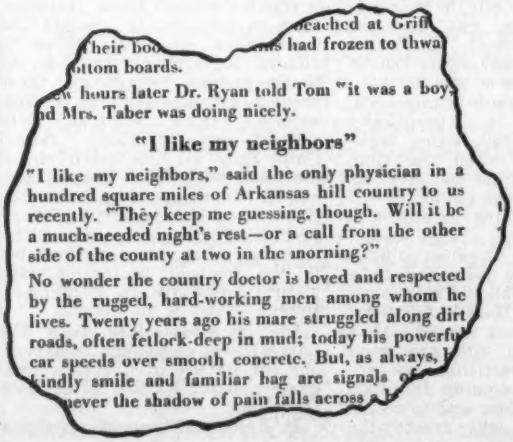
This educational campaign has been running steadily, month in and month out for nearly two years in leading high-grade magazines. It has proved to be an outstanding advertising series, and has created wide interest.

Recently I went to Detroit to interview those responsible for the execution of the project, to hear from them the inside story of their radical change in policy. Here is the gist of what I was told:

Anyone who is acquainted with Parke-Davis traditions and standards can well understand that this concern would not countenance the expedient of making a bid for medical favor by catering to the vanity of physicians through a series of advertisements of the flowery "tribute" type. Furthermore, Parke, Davis & Co. has consistently refused to embark on an advertising program that could be classed merely as *unobjectionable* by physicians as a whole; if they started an advertising campaign that would familiarize the public at large with the name of their firm, they wanted to be sure that at the same time they were doing a job that would be of real and definite help both to the public and to the medical profession.

Of recent years there has been increasingly apparent the need for some means of impressing the public at large with the importance of seeking medical advice—some way of offsetting the constant advertising engaged in by cults of one sort or another; of doing for the doctor the work which, because of tradition and lack of organized effort, he is unable to do for himself.

As one Parke-Davis official put it, "to bridge the gap between



beached at Grif
their boo ns had frozen to thwa
ottom boards.

w hours later Dr. Ryan told Tom "it was a boy
nd Mrs. Taber was doing nicely.

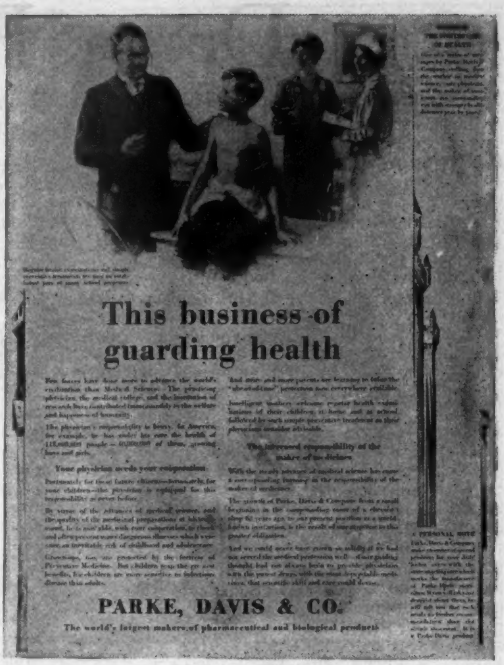
"I like my neighbors"

"I like my neighbors," said the only physician in a hundred square miles of Arkansas hill country to us recently. "They keep me guessing, though. Will it be a much-needed night's rest—or a call from the other side of the county at two in the morning?"

No wonder the country doctor is loved and respected by the rugged, hard-working men among whom he lives. Twenty years ago his mare struggled along dirt roads, often fetlock-deep in mud; today his powerful car speeds over smooth concrete. But, as always, his kindly smile and familiar bag are signals of hope wherever the shadow of pain falls across a h

The country doctor comes in for his share of credit.

This typical page talks about the periodic health examination.



the man and woman on the street and the physician in his office."

From the start the series has been decidedly unconventional. It has been far removed from the ineffective type of appeal that has been associated with some health campaigns in the past. The art work has been of the highest order. A great variety of diseases have been touched upon—diphtheria, tetanus, rabies, smallpox, tuberculosis, yellow fever, asthma, hay fever—but far from presenting these subjects in an unpleasant manner, the advertisements have all been dramatic, even romantic, stories of scientific achievement.

The attitude of the medical profession toward the advertising has been decidedly favorable from the start. The company has received hundreds of enthusiastic letters to the effect that the advertising is of real help to the doctor in his daily work.

One day a woman walked into the office of a prominent internist in Austin, Texas, leading by the hand a little boy who was limping. The doctor knew neither mother nor son, but the woman promptly explained to him that the little fellow had stuck a nail in his foot, that she had been reading the Parke-Davis advertisement on tetanus in the *Saturday Evening Post* and that she desired a prophylactic dose of tetanus antitoxin to be given to her boy.

Another instance was that of a woman who came into a physician's office with her little girl asking that the child be given the Schick test for diphtheria. This mother, like the other one, had an advertisement in her hand which

(Turn to page 65)

13,000 Doctors Reply!

Results of prescribing-dispensing questionnaire show 64 p. c. of all physicians dispense at least partially

THIRTY-SIX per cent of the physicians in the United States use the Prescription Pad to the exclusion of any dispensing on their own part, and precisely one-half of these are located in cities of 100,000 population or more. These figures are based on the compilation of 11,233 of the little reply card-questionnaires, which were included in November MEDICAL ECONOMICS as part of the article "Is the Prescription Pad Doomed?"

The actual number of reply cards torn out and filled in will reach well beyond the 13,000 mark. They are still being received as this issue goes to press.

The compilation of the additional returns, however, could not be expected to change the percentages in the least degree. This report is based on the above stated total of 11,233.

One of the most significant results of this dispensing-prescribing survey is that given in the first paragraph. It indicates clearly that a fair majority of the medical profession do more or less dispensing, and further, that the physician in the community of less than 100,000 is considerably less inclined to adhere exclusively to the prescription pad than his colleague in the larger center.

Of the physicians in the United States who dispense exclusively, 62% are located in communities of less than 5000 population; 14% in communities of 5000 to 25,000; 9% in communities of 25,000 to 100,000; and 15% in places of 100,000 or more.

Of these who dispense partially, the country over, 31% are in communities of the first type; 18% the third; 14% the fourth; and 37% the fifth.

Following the same order, the ratio of physicians who do not dispense at all is 21%, 16%, 13%, and 50%.

There is another way of considering these same figures, and that is to reckon the percentage of physicians who dispense exclu-

(Turn to page 61)

Physicians who dispense:	
—in communities under 5,000	
Exclusively	41%
Partially	37%
Not at all	22%
	100%
—in communities of 5,000-25,000	
Exclusively	19%
Partially	45%
Not at all	36%
	100%
—in communities 25,000-100,000	
Exclusively	15%
Partially	48%
Not at all	37%
	100%
—in communities over 100,000	
Exclusively	10%
Partially	42%
Not at all	48%
	100%

Dispensing as compared with 5 years ago:	
—in practice less than 10 years	
More	32%
Same	43%
Less	25%
	100%
—in practice 10-20 years	
More	30%
Same	44%
Less	26%
	100%
—in practice 20-30 years	
More	33%
Same	43%
Less	24%
	100%
—in practice over 30 years	
More	37%
Same	42%
Less	21%
	100%

It's an odd thing about medicine!



[For a copy of this cartoon on cardboard write to Medical Economics, Rutherford, N. J.]

Collection

LET me tell an incident which has come to my attention recently, and which enacts the experiences of literally thousands of physicians in the United States.

A physician of Portland, Maine, entrusted the collection of a thousand dollars worth of overdue accounts to a collection agency whose operative had called at his office, armed with a plausible personality and an artistically convincing line of talk.

Time passed. The doctor made several attempts to learn what disposition had been made of his accounts, but died without ever having received so much as a word from the collection agency.

While his estate was in the process of settlement, the attorneys finally succeeded in worming a statement out of the "company". One hundred fifty-four dollars and fifty cents was the amount listed as having been collected, for which the collecting agents



(Photo by Underwood & Underwood)

"A day or two of delay in placing your accounts for collection and those days devoted to a rigid investigation will make no difference in the collectability of the accounts and may save you considerable money."

Pitfalls!

Exposing another modern "RACKET"—the preying on physicians by unethical collection bureaus

By Thomas Moulton Fagan

made a charge of one hundred fifty-two dollars.

As the sum total of the results of this doctor's thousand dollars worth of overdue accounts, his estate received a check in full settlement in the amount of two dollars and fifty cents!

When the company agent had called, he carried with him a recommendation from the local Chamber of Commerce endorsing his proposition. The recommendation was later found to have been forged. When the doctor's attorneys, after his death, came to examine the contract, which was a mass of heavy-phrased verbiage in small type, they found that he who had signed it had signed away almost everything but his collar button.

The contract (and every other contract of this sort) should have been examined by a lawyer before it was signed, but the busy physician had fallen for the high-pressure talk and had also relied upon the forged endorsement of the Chamber of Commerce.

One of the most serious and vital economic problems which confront physicians throughout this country is that of the collection of past due accounts. Although the problem faces those who engage in business in general, it is a particular problem with the physician. In the average case, he is trained to live and think his profession and has had, until recently, but very slight insight into business conditions and methods. It is for this reason that physicians appear so frequently upon "sucker" lists and are so frequently bothered by confidence men operating all manner of flim-flam propositions.

Possibly the one most alluring and most often attempted proposition is that worked by the out-of-town, and at times, in-town collection agency. It is with the hope that the reader may learn of some of the pitfalls which accompany these parasitic propositions and the inevitable contract, without personally experiencing

(Turn to page 68)

Rule 1: *Never sign a collection contract until you have submitted it to your lawyer.*

Rule 2: *Instruct your secretary to sign NOTHING for a stranger, and to turn over no records to strangers, during your absence.*

Rule 3: *Have no confidence in testimonials, fidelity bonds, or other arguments. Let your lawyer investigate.*

Rule 4: *Remember that THE LEGITIMATE COLLECTION AGENCY SELDOM HAS A CONTRACT.*

A Paper in *Praise*

[Some quiet philosophy on values in medicine]

By Roland G. Breuer, M. D.

Haddam, Kansas

THIS discourse does not aim at scientific interest or preparation. Others of more mature training and keener observation will be left to feed the hoppers of medical progress. The writer has noted a tendency in medical literature to overlook the more philosophical aspects of the practice of medicine in the attempt to produce papers of a scientific nature. Both phases have a place in the scheme of things.

The foregoing statements are the excuse for foisting this paper upon the already overloaded attention of the medical profession. We shall introduce the Medical Mossback.

Were Noah Webster living, he would define a Medical Mossback as "a member of the medical profession, who *can* but apologetically says he *can't*. As with many strange species, acquaintance with this branch of the *genus medicale* comes rather slowly. I first came into intimate contact with the Medical Mossback about eight years ago.

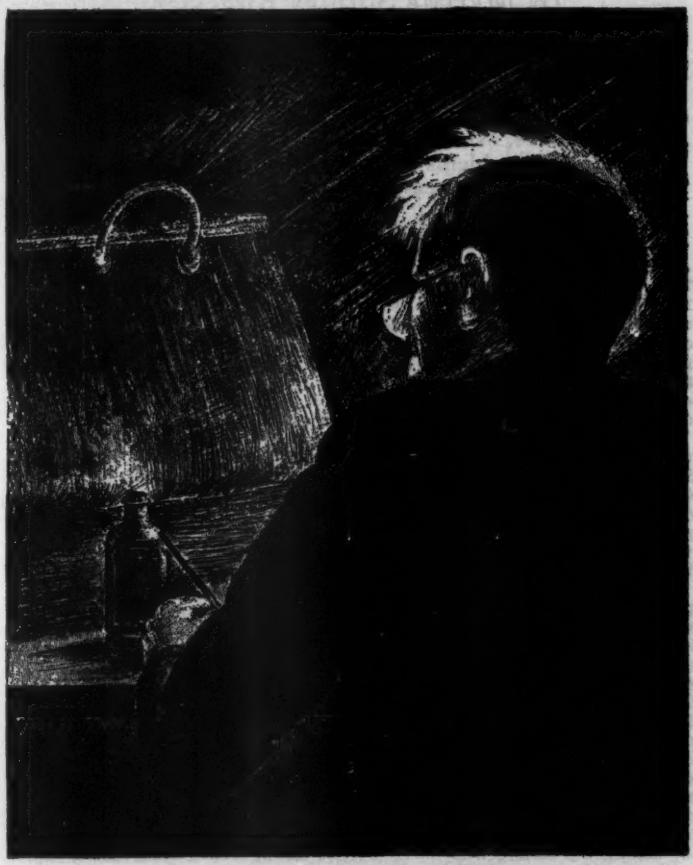
It happened thus: After three years of premedical work at one of the largest universities in the country, I marched into the front door of a Class A-plus medical college, among whose corps of instructors were men of international reputation. After four years of heroic tussle, the moniker of "M. D." was handed me by the relieved Dean.

The next years were spent in gallivanting over the country in search of More Light in Medicine, during which time I chalked up three interneships to my credit, the last of which was spent in an institution whose cost ran into the millions, and quite a few of them too. The whole process was polished off with a course of intensive laboratory training and a six months' course in a clinical laboratory. Training in Surgery, Obstetrics, Medicine, and Eye-Ear-Nose and Throat were likewise as thorough.

In fact, my medical training was as complete as any regular medical course, plus judicious selection of post-graduate experi-

"The Old Doctor could study the little angles of the cases he had seen during the day, and, as the peace of twilight enfolded him, he could spend long hours meditating upon human frailties . . . small wonder he learned to know human foibles, to get close to his patients, and to love them as a guardian and confessor should."

of Medical *Mossbacks*



ence, could make it. Completed with a retentive memory, a fair salting of the ingredient of human sympathy, and a desire to serve humanity, I was as well equipped a disciple of Aesculapius as any one could be at the tender age of twenty-four years.

Up to that time, the Medical Mossback had escaped my attention. I knew that he existed, just as I knew that the electron was existent; I had been told of them both, but neither of them had come over my visual horizon.

(Turn to page 115)

The Doctor . . .

By Merryle Stanley Rukeyser

Financial Editor, Medical Economics

This article urges the application of the principles of preventive medicine in the field of finance. In analyzing the case history of a physician in Milwaukee, Mr. Rukeyser lays emphasis on the investment problems and opportunities which come in a period of recession in business.

A PHYSICIAN - READER in Milwaukee gives me an opportunity to practice preventive medicine in my role as financial consultant. Too many go to the financial doctor only when they are ill. It is a far better plan to seek constructive advice concerning the laying out of a financial program while capital is still intact.

Those who come for post-mortem examination after capital has been frittered away either in ill advised speculation or in fraudulent securities can get only academic confirmation of the fact that they have been foolish.

The Wisconsin doctor, who practices in the realm of finance what he doubtless preaches in the field of medicine, has been kind enough to write: "I always read with great attention your financial articles in MEDICAL ECONOMICS, also in the local newspaper. I have always been impressed by the conservative advice you give. Noticing that you have analyzed several individual physicians' financial status, I am taking the liberty of sending mine in, asking for comments.

"I am 35 years old, married, the father of two children—a boy aged six and a girl aged two. I have been practicing for ten years and have a net income of about $12,000 a year.

"My financial condition is as follows:

(1) A home worth $17,500, having a $5,000 building and loan mortgage.

(2) $27,000 life insurance on the straight life or 20 payment life basis.

(3) $5,000 paid up stock building and loan and also instalment stock now worth about $3,100.

(4) Bonds totaling about $9,300. These are all at least A rated bonds and include A. T. & T., equipment trusts of Canadian National Ry., Canadian Pacific, etc.

(5) Common stocks totaling $13,730 at present values. These include 20 shares of A. T. & T., 10 shares bought at 268, and the others I have had for years; 20 shares of Union Pacific R. R. also bought at high of 279; 30 shares of Electric Bond and Share bought at 50¾ after the slump; 50 shares First Wisconsin National Bank Stock.

"I managed to withstand the lure of the recent bull market except for A. T. & T. at 268 and U. P. at 279. I figure both of these stocks as investments, but not at figures I paid for them. I am undecided as to what to do with them especially as I borrowed $4,000 at 6% to pay for them entirely.

"I will greatly appreciate your opinion on this layout and thank you in advance."

Before commenting on the doctor's financial needs and oppor-

and his Investments

tunities, I want to express my own faith in preventive medicine. I visit my physician once a year for a health examination. At its conclusion when he says: "You are in good health, and should keep on living about the same

(Turn to page 121)

Questions to be answered before you buy stocks

The Company	How long has it been established? Has it shown its ability to weather periods of stress?	Is it on a sound financial and commercial basis?	Are the properties and equipment old or new? Are the properties improved — or unimproved?	Are the plants well situated with respect to railroad or shipping facilities? What kind of power, light and heat have they? Is there water? Are the plants near sources of supply of raw materials?	What is the company's reputation for business dealings? What is its credit standing?	What is the total authorized and outstanding capitalization? Common? Preferred? Do current business and earnings warrant capitalization?	Is there any bonded indebtedness? How much? What kind? What provision is made for retiring obligations? Are there any further mortgages or encumbrances on property?
The Product	Is it of practical utility? Has it a ready market? Is the demand reasonable or steady, or influenced by abnormal conditions?	Is the product sold at a reasonable profit?	Is it a patented article or process with small competition, or is it a staple in which service and price would be important distributing factors?	Is it a secret process and is it easy known to but a few who control its manufacture?	Does demand apparently exceed supply, or does it need constant stimulating to create demand?	Is product subject to repeat orders?	Is selling of product subject to violent fluctuations?
Management	Are the officers in active charge experienced and successful men in the line?	Are their previous connections such as will make their management safe, conservative and to the best interests of the stockholders?	Do the directors appear to be well selected — i.e., do they include men successful in the same or kindred lines of business together with successful, well-known bankers or attorneys?	Have the directors the appearance of being what is commonly known as a "dummy board?"			
Earnings	Does the company show a balance sheet? Earnings statement?	Are such figures available over a period of years, so as to show progress?	What is the proportion of net quick assets to current liabilities?	What is the proportion of surplus to outstanding capitalization? Has surplus shown a steady increase over a period of years?	Do net earnings show up favorably over a period of years? Does balance sheet or income statement appear perfectly clear, or are some items not easily understandable?	How many times has bond interest been earned? How many times stock dividend requirements?	If there are two classes of stock, what percentage after deduction for Preferred dividends are net earnings on the outstanding Common Stock?
Dividends	When was the company established? When was first dividend paid? How many since?	Have dividends been maintained in an uninterrupted manner?	If not, were reasons for cessation of dividends caused apparently by general conditions or poor management?	If preferred dividends have been paid regularly, have Common dividends been paid as yet, and in what amounts?	If no Common dividends have been paid what are the prospects for Common dividends?		
The Prospectus	Is the tone of the prospectus conservative or are the claims extravagantly made?	Does it contain a clear presentation of facts? Are those confined to the company financed, or to relevant or irrelevant subjects not necessarily a part of the company?	Are figures of earnings for a financial statement given? Are production and cost figures shown?	Do claims for future compare favorably with past performances, or are they merely visionary?	Under capitalization is full outstanding amount as well as authorized amount given, and is par value of stock stated?	At what percentage of the par value is stock offered? Is the yield too high for safety? Too low for return?	For what purpose is new capital to be used?
The Brokers	Are they a house of good reputation?	If unknown to you do they evidence a willingness to have you investigate them thoroughly?	Are brokers offering the stock same of stock as promoters? Fiscal Agents? Underwriters?	Does broker, agent or circular speak slightingly of sound methods of investment, such as Savings Banks, Guaranteed Mortgages, sound bonds, etc.?	Is there evidence that broker's report is based on careful analysis and investigation?	In offering stock is broker apparently creating the impression of favoring you by "letting you in on the ground floor?"	Are you honestly looking for investment or for speculation?

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Courtesy of the Ladies' Home Journal— *"Any diabetic*

Diabetic . . .

Offering a few suggestions on how to help make diabetes fit the patient's pocket-book

By Don Hastings Duffie, M. D.
Central Lake, Mich.

WHEN loud claim of outstanding improvement in the treatment of a disease is nevertheless followed by a serene increase in its death-rate, something's wrong, somewhere!

Diabetics are dying, not because present-day treatment is a failure, but because they are failing to get the treatment. Where they *are* getting it, the mortality has collapsed. Mostly, they are not getting treatment because they think they can't afford it. For the diabetic simply cannot carry out his part of the treatment unless he *understands* it, and usually he cannot afford to go to a diabetic clinic to get the necessary understanding. More's the pity!

Anyhow, he could not afford to live on those frightfully expensive "diabetic foods" he supposes would be necessary, not to mention insulin, so what's the use?

Thus the diabetic situation is not only an educational problem, but still more an economic one, and hence eligible for ventilation in this lusty young magazine.

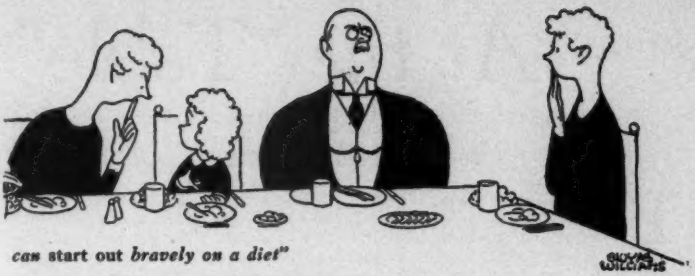
Many who do have the cash are "not sick enough" to spend it on doctor bills. For until dire complications strike him, the patient often bears his diabetes rather jauntily.

"Why do anything about it," says he, "when the remedy is so much worse than the disease?"

He "wouldn't wanta take no insulin"; neither does he care to diet, having heard of easier ways. For he is already on the sucker-list of the quacks, and receives in his mail frequent and blatant glad tidings of no-diet "cures", with most honest-sounding and convincing testimonials!

Altogether, then, away from medical centers, we still find ninety per cent of diabetics ordering their lives for needless brevity, all for want of the necessary instruction, which they will not go to a clinic to get, and which they cannot or will not pay their own doctors to give them at home.

The purpose of this article is to show that, in spite of these obstacles, modern diabetic treatment is not only feasible, but highly



can start out *bravely on a diet"*

Cost-Cutting

satisfactory for nearly any patient—even the poor, the ignorant and the scornful—at home, if necessary, and under guidance of the unassuming general practitioner.

Why should any busy doctor attempt to teach all the needful, routine facts to the "dear, dumb" diabetic? That's what books are for, and almost any patient can be persuaded to get a book. If the book be selected to fit the patient, he or his family will read it. And having read it, he becomes material that his doctor can really do something with.

On my shelf are exactly a dozen books for the diabetic patient, written by twelve different authors. Yet, as admitted by the respective publishers themselves, each is curiously identical in being of unusual "simplicity" and "especially adapted to the needs of the home patient under care of the general practitioner"! And each one probably *is* best—for some type of patient under a certain type of doctor.

Much depends upon appropriate selection of book to fit both physician and patient. For instance, a person of years and of wealth might be affronted by the jocular folksiness of *Us Diabetics*, with its constant harping on the economies, whereas one of meagre education, and who is perplexed to see how the family can afford another bottle of milk a day for the children, might only be dazzled and dismayed by the more brilliant and scholarly manuals, even by the kindliest of men.

Since the book is commonly for use of both doctor and patient, the physician's own limitations are to be considered: whether he is of the comparative few who really understand the general principles of present-day diabetic treatment, or whether he is one of the great majority who are secretly uneasy lest the studious patient come to know more about diabetes than his doctor does!

For who among us has the time or patience to ransack two or three hundred pages of explicit but disconnected details, in the effort to unscramble some consistent, workable, general procedure that will enable us to perform our chief function—the *guidance* of the patient? The *details*, thank goodness, he can get from books.

There are books for all brains, and I shall attempt here to arrange a few books in order, according to their suitability to the educational background or financial limitations of different patients; and also to the special knowledge, laboratory equipment

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At the "Table"

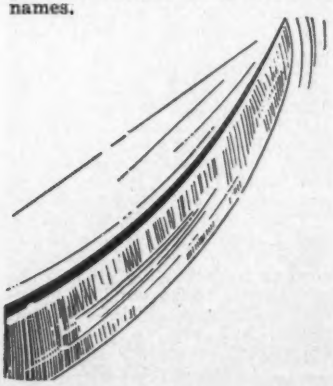
As related by a Turkish physician to—

Frederick A. Fenning

TWENTY years ago I was graduated from the Government Medical School in Constantinople, and immediately sought to practice the healing art. I use that term to indicate that I did not at once enter upon a lucrative practice. It was not my fault that I did not, for I was young, healthy, ambitious, and frightfully in need of money.

In those days, however, it was believed that the beginner should start in his home neighborhood, or in the nearest sizable settlement. As a Turk, a native of the Anatolian district, the natural field for me was a town in that section. There were probably twenty thousand people living in that town, and there was a fair sprinkling of doctors.

While I am quite willing to tell of my experiences, and of the general conditions then and now prevailing in the practice of medicine in Turkey, it must be understood that in referring to brother physicians I am using fictitious names.



The cream of the medical work had been going for many years to two doctors who were approaching retirement. I was one of half dozen younger men who tried for the business of the middle class and who literally scrambled for the crumbs that fell from the professional tables of the two prosperous physicians. These two men had never had assistants and were only then beginning to refer cases to younger men. Of the latter, Dr. Mehmet Bey and Dr. Ali Bey, both of whom were Turks, seemed to be attaining the particular favor of the men who were so fortunate as to be able to refer cases.

Joannides, Dikranian, Hagopian, and I were decidedly upon our own resources, which meant that we formed the coterie that held forth around the table in the shop of Mahmut Effendi, the chemist.

The two had several small pharmacies, the principal one being that of Mahmut Effendi. His facilities for a doctors' table were the most inviting, and, too, more customers came to his store than to the other shops.

This table, as I must call it for want of an English word more nearly corresponding with the Turkish name, is a very old institution in my country. It is here—and not in offices of their own—that doctors sit when waiting for business.

Joannides, a Greek, Dikranian and Hagopian, Armenians, and I occupied the four seats in the establishment of Mahmut Effendi. When not professionally engaged, each of us was in his seat. Our practices being so limited, it may be well understood that all were

of Mahmut Effendi



"He was after me from the start, and as a runner he might have won medals."

there practically all the time. Indeed, a man could not afford to be absent for thus he might lose a patient!

We followed the traditional plan which, so far as I am aware, had prevailed for centuries and may still be in vogue in small, interior towns. When a customer entered the pharmacy, we doctors at once envisioned a possible patient.

I must remark here that it was the invariable custom, as we sat at the table, to read or at least appear to read a medical volume. By this we sought to impress upon Mahmut Effendi and our associates that we were deeply studious. Inwardly each man undoubtedly knew that the others were not being hoodwinked. But we all believed that a person seeking the services of a physician would employ one who was perusing a large book of mysterious appearance in preference to a doctor found reading a newspaper.

If the customer indicated that he was sick, or that there was a case of illness at his home that required more than the most simple remedy, Mahmut Effendi would urge the employment of a physician. Oft-times this would necessitate his making an extended argument to overcome the customer's prejudicial fear of medical men, and reluctance to incur expense.

Usually the chemist by exaggerating the urgency could get the caller to the point of considering the consulting of a doctor. As soon as the confab reached this stage, we would be sum-

(Turn to page 83)

Everybody's

THE foundations for great accumulations of wealth, on the part of individuals as well as corporations, are nearly always laid in time of business uncertainty and distress. That is why the present day should be regarded as a time of opportunity, not adversity.

It is a prime folly for anyone to forecast short swings in either industry or the stock market. Wise people took their cue from the Federal Reserve Board nearly a year ago and proceeded to turn their securities into cash.

In the meantime, stocks continued their advance for another 70 points, causing ridicule to be directed at those who got out, but the victims of this derision were the ones who laughed last. Years of experience have proved the soundness of Rothschild's advice against attempting to get the top or the bottom of a major market movement.

We are now passing through a period of discouragement that is testing faith and courage. Bad news is being emphasized. The business index of trade and industrial activity which was 12 per cent above normal last July is now 9 per cent below normal. Unemployment is increasing, car loadings declining, commodity prices slipping and sales volume dwindling. It is no wonder many are disturbed over the outlook.

But only the froth has been knocked off the business cup. Underneath, the substance is still there. Three great industries that strove with might and main to get an unduly large share of the consumer's dollar are being forced to undergo a drastic readjustment in their viewpoints as well as in their production schedules.

Fortunately, the housecleaning is being carried on at record speed. Business decided to take its disagreeable medicine all in one dose, so as to get the headache over quickly. Almost before we know it, stores of unsold goods will be used up, commodity prices stabilized, confidence restored, new orders placed, and the entire nation will turn seriously to the big job of pushing civilization to still higher levels of accomplishment. Management is *once* more getting down to work. The shock is over.

The foundation of American life and business is more sound today than ever before. The



"The people who have made America are those who played for the long-pull and who were possessed of the strength and will to transform stumbling blocks into stepping-stones. It is often worse for one to lose confidence than for one to lose capital."

Business

By Floyd W. Parsons

greater part of our recent advances have been of a permanent character. It is a good thing we have taken time off to consolidate forces and evaluate accomplishments. We will be all the better for having turned critical eyes to the worth of managements, supplanted theory by fact, and substituted reality for hope. There is nothing to regret in business having become sufficiently hard-boiled to measure practices in terms of profits and demand results instead of excuses.

The fact is we have passed rapidly through ten years of economic revolution, the extent of which few people fully comprehend. Let those who doubt this follow me for just a few minutes in a study of indisputable evidences of a national transition that has arrested the attention of the world.

It is a story of growth that has not been of the mushroom variety—a tale of movement toward greatness that has been carried on far more rapidly than anyone believed possible a short time ago.

Our people have added more than 23 billion dollars to their annual income in the decade just ended. In 1909 our total national income was a little less than 30

(Turn to page 107)



Leaves from Physician's

(Continued from January)

April 3

Mrs. M. was in today, to pay $2.00 on account. She has her bill more than half paid up now, and is just as proud and happy as if she passed over a fortune every time she hands me an installment. Some people are too proud to pay the doctor on the installment plan. I'm glad Mrs. M. isn't that kind.

April 5

The telephone rang frantically this morning, just after Bob left. "Oh dear," cried a distracted voice, when I said the doctor would be home at one o'clock, "I can't possibly wait that long. My little girl has been sick for two days now, and I don't know what is the matter with her. I *must* have a doctor right away."

The chances are that when a doctor does undertake to cure the child, that mother will demand immediate improvement. People take two weeks getting sick, and expect to be cured in two visits.

April 7

We lost a case today, and Bob is wallowing in the depths. Funny thing about him, he doesn't take credit to himself when a patient gets well. He pulled Mrs. D. through a difficult confinement, for instance, and nursed the Barnes Baby s a f e l y past a broncho-pneumonia. But when one of his patients dies, he blames himself. Nobody in the world could have saved Mrs. T, I am sure. Her heart simply went back on her. But Bob suspects that some deed of omission or commission might have been responsible for her death.

It must be ghastly to carry about such a feeling of personal responsibility for life and death of patients. Bob should never have been a doctor; he's too sensitive for his own good.

April 8

Goodness what an awful-looking specimen came here this morning! Tall and gaunt, with hollow staring eyes and a grayish skin, he looked like a dead person. I was almost afraid to let him in, but he was too well-dressed for a panhandler. Bob told me afterwards that he really was a patient, but not one that Bob could help. Incidentally, he has a glass eye and is partially paralyzed, besides being a little "off". Bob has treated his mother; that's why he came here.

He is very well-read, Bob says, and an interesting talker, but has never worked a day in his life. He came to the doctor because he declares little bugs have gotten under his skin and are boring through the muscles. There isn't a thing wrong with his skin, Bob says, except his own fingernail scratches. The trouble is all in his head.

I only hope that if he ever comes here again, Bob is home at the same time.

April 10

Just now a woman came rushing into the office. "Oh, doctor, please come; please come at once!" She seemed to be in such agony and distress that Bob hustled into his overcoat and dashed off with her—without the slightest notion where and why.

Poor man, a doctor has to be prepared for every conceivable emergency, medical, surgical or

the Diary of a WIFE

By Mary Kinsley

obstetrical, and ready day and night to treat every variety of disease, from felons and broken arms to consumption and brain abscess. What a life!

April 12

Yesterday Bob was called out to attend a youngster who had accidentally swallowed a dime. Thanks to the doctor's ministrations the child made a good recovery today—so good that it included also the recovery of the dime (somewhat tarnished, the mother reports, but still serviceable).

Sunday, April 13

I woke up thirsty last night and wanted a drink. While I was groping around for my bedroom slippers, Bob woke up and said he'd go. So he padded out into the kitchen—and then I heard him swear. Of course I thought he'd barked his shin on a chair, or maybe stepped on a pin, but it was far worse than that.

He called me, and we huddled in the doorway for a minute, while Bob studied the situation. The whole kitchen ceiling seemed to be raining, and the floor was covered with water. It was a metal ceiling, and the water seemed to be spraying off it from somewhere. "Looks like the boiler is leaking," he decided, and ran to get an umbrella.

Protected by the umbrella, Bob ventured into the kitchen, and located a tiny hole in the top of the boiler. The water was shooting out with terrific force and striking up against the ceiling. He climbed up on a chair, pressed his thumb over the hole, and stopped the rain. He looked awfully funny, standing there in his pajamas, holding the open umbrella in one hand and clutching the boiler with the other. But I didn't dare laugh. Of course he couldn't stay there all night, like the little Dutch boy at the dike, so I suggested calling a plumber.

The first one I called didn't answer. The next one said he had a cold and didn't want to venture out. He told us to whittle down a cork to a point, and stick it into the hole. That *sounds* easy, but isn't.

I called another plumber, but without success. So we went back to the cork-whittling game. Every time we got a cork down to a point without crumbling away, it would pop out of that hole like all possessed. Finally we tried splinters of wood instead, taking turns playing dike-boy and whittling, till at last we succeeded in getting the hole temporarily plugged.

Of course plumbers aren't doctors, and when the human mechanism goes wrong in the middle of the night you can't so easily repair it. Maybe that is why doctors feel obliged to get out of bed at three o'clock of a Sunday morning to answer a call for help, while plumbers do not. Doctors can't be so particular about their health.

April 16

I declare the telephone has been bewitched this day; I'm getting a tin ear from answering it so much. Still, the days it doesn't ring at all I'm not satisfied, either, for that means business is bad. It's awfully hard to know just how to answer that telephone. If the person at the other

(*Turn to Page 105*)

"Speaking FRANKLY"

Hodge-Podge

To the Editor: What does the druggist do for the M. D.? He counter-prescribes and uses all the prescriptions of the M. D.'s which look good to him—hands them out over the counter. It is so to a very large extent.

Very few druggists are particularly active in their work, especially chain stores. Most of them handle a hodge-podge of everything, pushing sales of patent medicines, hardware, toys, eats, art goods, and everything but drugs.

A physician can dispense with perfect assurance of the quality of his ingredients and accurate dosage, and can always collect cash for his medicine, where he formerly would wait for his fee while the druggist collected cash.

Dispensing enables the physician to maintain control of his patient; when the bottle or box of tablets is empty the patient has to return to his physician for refills. No one but the doctor himself knows just what his patient is getting; consequently no druggist can "pirate" his prescription.

All physicians should dispense because druggists (with few exceptions) never appreciate the business the doctor sends them.

—W. A. C.

Clover

To the Editor: I have been an almost regular reader of your publication from the first copy received several years ago, and can say that I have enjoyed every article read. That is more than one can say for many another magazine. Keep up the good work!

I am a country practitioner in a town of 1100 people, black and white. Many poor patients, much charity and loads of deadbeats. I do a general practice, dispense all drugs and work on credit. Though I make a comfortable living I am not rolling in clover and probably never will be. Your articles along the lines of collection are good, but we can't get results here.

—T. J.

Justice

To the Editor: I filled out your card gladly, but felt that I would like to add a comment or two concerning the article, "Is the Prescription Pad Doomed?"

Owing to a seige of bad health I am not very active, but when I was really a busy man I could not afford to prescribe my own medicine, feeling that in doing so I would not be rendering my patient or myself justice.

I had several special prescriptions that other men did not have, and after catching several physicians in my neighborhood looking over the druggists' prescription files and later losing some patients to these men and finding them using my special formula, it naturally brought me to the point of dispensing my own special remedies myself. Most of these were for skin diseases, of which the average doctor knows very little.

Then again, to find one of your good prescriptions going around the whole neighborhood, your patient lending the bottle to a friend, and the druggist refilling it right along, knowing all the

Bouquets, brickbats, suggestions, philosophy, incidents, laughs, reminiscence . . . .

what the readers think

time that he is doing wrong, is not encouraging either.

Twenty years ago when our town was about half the size that it is now (at present 65,000) every detail man said we had the best drug stores, and that they filled more prescriptions than any other town for its size they knew of; there was hardly a man who did not write prescriptions entirely. In fact the public did not want us to dispense.

We had two or three stores which handled about everything, had good prescription departments and kept a good registered man, who did nothing but fill prescriptions. The prescriptions were mostly delivered promptly and at a fair price; our patients were not often robbed, and there was a good feeling between the doctors and druggists.

The doctors had an organization that was always well attended, and this society made the three or four who might have acted unprofessionally walk the straight and narrow path. If a man was kicked out he was done for, because the public dropped him. But since the war all has changed. Shyster stores, chain stores, cut-rate stores! It makes me feel just a little sad when I think about it—all of our fine old men, the leaders, the consultant, and the advisers of us younger men are all gone, and now I am an old man myself with only a few years left at best.

Old men, as you see, are apt to get garrulous; I really did not intend to write so much.

To conclude, about the best thing for the young and active men to do in a good-sized town is to get together and turn all their work to one good druggist, write as many prescriptions as possible, and only issue their own medicines when compelled to do so. For it is impossible for a busy man to do his best and be bothered with a drug room.

I appreciate MEDICAL ECONOMICS very much indeed.

—H. C. S.

. . . . *send "Speaking Frankly" letters to the Editor,* MEDICAL ECONOMICS, *Rutherford, N. J.*

Reasons

To the Editor: I dispense most of my medicine because:

1. I carry as good a line of drugs as any druggist.
2. My patients come back to me when they are in need of a refill. This is protection against unauthorized refills.
3. I know what my patient is getting. I would only be hurting my own reputation if I substituted.
4. By dispensing, I save my patient added expense, worry, and loss of time.
5. I have *with me* the necessary medication, at the bedside and in emergencies, thus saving valuable time.
6. I am inclined to think that soda fountains and patent medicines take up too much of the modern druggist's time and thought.
7. I have ample help, and keep a record of all dispensing.

—J. H. W.

In-laws

To the Editor: Many years ago a man asked for a prescription for a cough; after consult-

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The Council-

"Each man collects his own accounts, and contributes his share of the general expenses of the clinic"

By V. Davis Meier

COUNCIL BLUFFS, the county seat of Pottawatomie County, in beautiful Southwestern Iowa, is a city of between forty-five and fifty thousand, supports three hospitals, and is an ideal location for a clinic.

This it has in the form of "The Council Bluffs Clinic", a beautiful three-story fire-proof building, tastefully designed and excellently constructed.

So many dreams are hung on rainbows that it becomes a thrilling experience occasionally to run across a dream pinned to a more stable structure and fully realized, both to the benefit of the dreamer and of the public. Such is the organization at Council Bluffs.

Dr. Donald Macrae, Jr., Iowa surgeon, returned from France at the conclusion of the war, and turning to account the experience

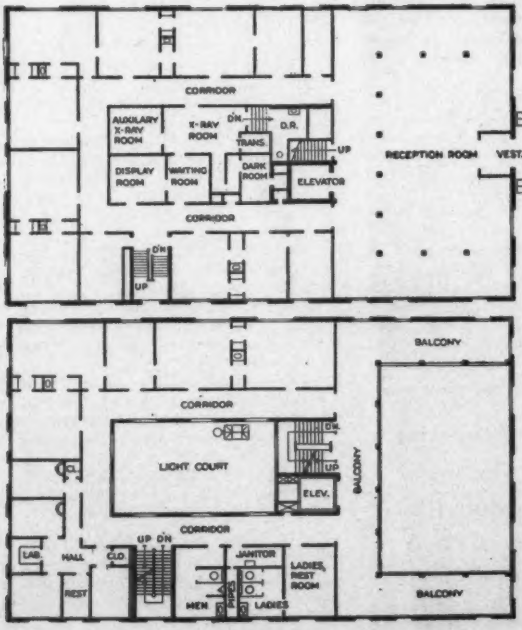


Diagram of the first and second floors.

Bluffs Clinic

gained in organizing Mobile Hospital No. 1, he began the perfection of a life-long dream.

In October, 1923, the Council Bluffs Clinic was organized on the principle that more efficient medical service can be rendered by the housing of several different types of specialists in one building.

Eight men formed the original nucleus, each contributing an equal share toward the total of a quarter of a million dollars capitalization.

An agreement was made whereby no new men could be taken into the clinic except by the consent of each of the original eight; a new man applying for entrance could be blocked by any one member. This arrangement has worked out satisfactorily and has avoided possible misunderstandings.

Each man collects his own ac-

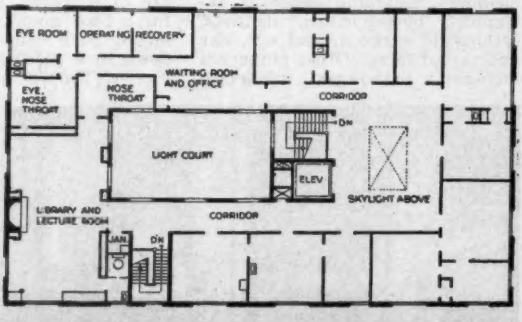


Diagram of the third floor, and (below) the Clinic library.



counts, and contributes his share of the general expenses of the clinic. If a patient asks merely for an examination without specifying the name of a doctor he becomes a clinic patient and the proceeds from the treatment of all clinic patients are placed in the "clinic pot" for the payment of general expenses. Each man has his own stenographer and nurse, or nurses, according to his needs, and each pays his own salaries. This arrangement avoids contention that one man has more assistance than another, for each man is privileged to employ whatever assistance he desires or needs, and he pays for it himself.

There are at present twelve members, including surgeons, internists, obstetricians, dentists, orthopedic surgeon, and eye, ear and throat men. Other personnel includes a pathologist, five graduate nurses, x-ray and laboratory technicians, stenographers, switchboard operators, and a general business manager.

During the first year the clinic announced that one day a week would be devoted to the treatment of charity cases, but for various reasons this plan was not found to be satisfactory and was soon abandoned. Charity patients are still treated, of course, but there are no announced hours.

The construction details of the building are interesting. Columns, girders, and joists are covered with concrete. All partitions are of 4" gypsum block, fire-proof and sound proof, with ceilings of metal lath. Floors throughout are of terrazzo, the trade name for a floor made of marble chips mixed with cement and ground down to a polished surface.

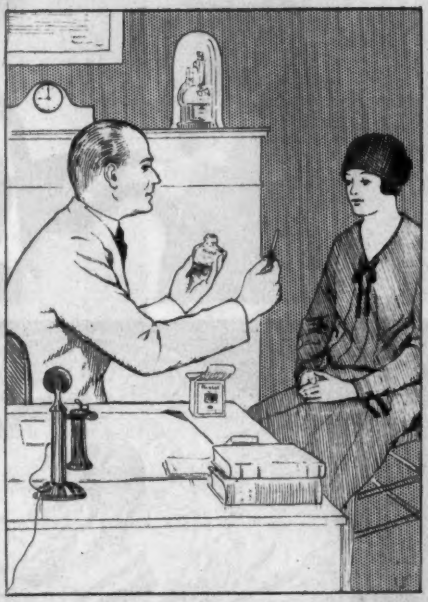
(Turn to page 37)





The top photo shows the home-like reception room.

Reaching Laryngeal *and* Bronchial Inflammations



MANY laryngologists are advising the treatment of laryngeal, tracheal and bronchial inflammations by the direct route, nebulized spray solutions — in addition to the use of oral medication.

Mistol is ideally suited to this form of administration. When used in a nebulizer, it forms an exceedingly fine, almost invisible, vapor. This spray is unirritating to the upper respiratory passages and is drawn into the larynx and bronchi with each inspiration. In this way it reaches and exerts its therapeutic action upon the upper respiratory passages.

The ingredients of Mistol — menthol, camphor, eucalyptol, and chlorbutanol in high-grade liquid petrolatum — are endorsed by all leading rhino-laryngologists.

They relieve congestion and hyperemia in inflamed mucous membranes, diminish abnormal secretions, and aid in the return to normal conditions.

More and more physicians are finding in Mistol administered by means of a nebulizer a valuable ally to oral medication for laryngeal, tracheal, and bronchial inflammations.

Mistol

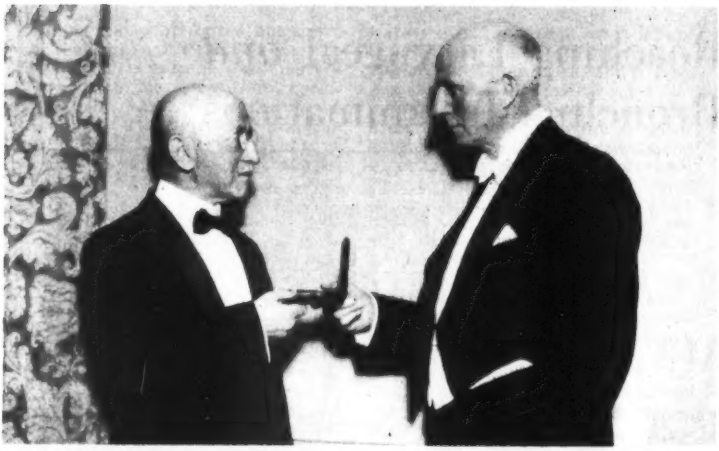
REG. U. S. PAT. OFF.

MADE BY THE MAKERS OF NUJOL

Note: Every advertisement for Mistol in the medical press is written by a registered physician.

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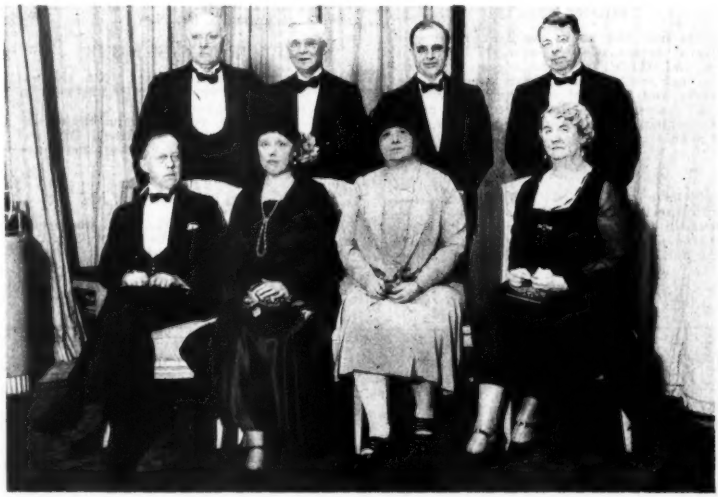
Dr. John A. Hartwell, President of the New York Academy of Medicine, presents the first Academy Medal to Dr. Carl Koller, who first employed cocaine in eye surgery in 1884. Dr. Koller has been a member of the Academy since 1898.

(Photos courtesy of Underwood & Underwood)





(Top, left) Dr. Robert J. May, Cleveland, who recently took office as President of the Radiological Soc. of N. Amer. (Top, right) Dr. E. Starr Judd, Rochester, Minn., who presided at the annual meeting of the Western Surgical Assn. at Del Monte, Cal. (Bottom photo) A group attending cancer symposium in Chicago. Left to right: Dr. Bowman C. Crowell, Mrs. Ralph H. Webster; Mrs. H. Hilton; Mrs. Wm. R. Cubbins. (Standing) Dr. Charles B. Reed, president Chicago Medical Society; Mr. Charles Ward Seabury; Dr. D. J. Davis, U. of Ill.; Dr. Ludwig Hektoen.



Calmitol

THE DEPENDABLE
ANTI-PRURITIC

Medical Opinions

PRURITUS

"CALMITOL is a very satisfactory anti-pruritic remedy. It brings about a remarkable alleviation of the symptoms and is a goodly addition to the therapeutic arsenal of anti-pruritic remedies." Dr. S—

ECZEMA (EXTERNAL EAR)

"My work is Otology. I have never found any preparation for the treatment of Eczema of the external auditory canal that has given me such desirable and almost specific results as CALMITOL has done. It is in a class by itself." Dr. C—

DERMATITIS

"Having had such excellent results in several forms of Urticaria, I decided to try CALMITOL liquid in a case of Poison Ivy rash which was on both upper eyelids, cheeks and hands of a young patient. The relief was miraculous. Itching disappeared immediately and the boy was back in school in three days." Dr. A—

PRURITUS ANI

"I have used CALMITOL in my clinic with excellent results. It is a good anti-pruritic for almost any skin lesion with itching. Several cases of eczema, pruritus ani and intertrigo responded most favorably." Dr. W—

URTICARIA

"Best local application that I have found for cases of acute urticaria and vaginal pruritus. In several cases it was the only thing that gave relief." Dr. J—

CHRONIC ECZEMA

"At the time I received your preparation, I had on hand three most obstinate cases of Pruritus, and also a case of Chronic Eczema of long standing.

"In every case, the first application relieved all itching and burning sensations."

"I have never used anything as efficient in allaying the itching of Eczema and other Skin Diseases. It is almost marvelous in its action." Dr. N—

PRURITUS SENILIS

"I am very much pleased with the results obtained in the use of CALMITOL in cases of Pruritus Senilis.

"In every case, the first application relieved all itching and burning. My patients say, it is the best thing they have ever used." Dr. S—

PRURITUS VULVAE

"For me CALMITOL has performed wonders. In the treatment of pruritus vulvae and ani, I have found it to be a most excellent preparation." Dr. O—

(Names of physicians furnished upon request.)

THOS. LEEMING & CO., Inc., 101 West 31st Street, New York City.

I shall be pleased to receive gratis, a trade size of CALMITOL Liquid and Ointment.

.....M. D.

The reception room is entered directly from the main entrance, and in fact extends across the entire front of the main floor. It is overlooked by a balcony on three sides, which is finished with chairs and lounges, and on which is located the office of the business manager. A homelike restful atmosphere in the reception room was sought for and attained. The rest of the first floor is occupied by individual offices and treatment rooms, the basal-metabolism room, and the x-ray department.

Much of the basement is given over to physiotherapy rooms, orthopedic workshops and chemical and pathological laboratories; the latter form a branch of the State Board of Health.

Offices and treatment rooms take up most of the second floor, and on the third floor are more offices, the operating room, eye, ear, nose and throat department, and the library, which is spacious and well-stocked with reference work.

All parts of the building are light and well ventilated. Library offices and waiting rooms are thickly carpeted to deaden foot steps.

An ingenious system of signal lights for announcing patients is used by the attendant in the reception room. By means of this she can communicate with the physicians' own secretaries, without leaving her desk and without verbal announcement.

Needless to say, Council Bluffs is proud of her clinic.

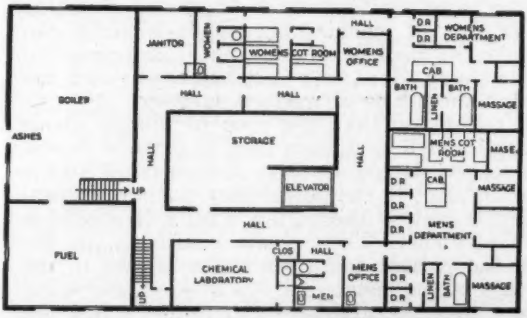


Diagram of the basement.



Cornerstone of the Council Bluffs Clinic

The Hall-mark

An Editorial by H. Sheridan Baketel

AT least part of what I ventured to suggest last month had already come true before the editorial was published. The American College of Surgeons had the merciful wisdom to permit one of the most widely read magazines in the country to explain the meaning of the A. C. S. Hall-mark (send five cents to *Collier's*, 250 Park Avenue, New York City, and ask for the issue of December 14th).

Not only did this story, which bore the title, "The Surgeon takes off his mask," provide an answer to my humble suggestion that the leaders of organized medicine take the responsibility of teaching the public where it can obtain the right sort of medical service—but it also provided an answer to the sharp-edged talk that has been going the rounds concerning the ethics of modern surgery.

I refer, of course, to the ugly crop of stories about "medical gougers," which have been seen in print in recent months. The greatest danger in these stories is not to the profession they slur, but to the public they purport to protect, for they act to destroy the patient's faith in medicine and surgery as a whole. They create confusion, in the midst of which the patient too often seeks release in the sleek salesmanship of the quack.

So it is here that the article which *Collier's* had the courage to publish, and the American College of Surgeons the good judgment to approve, is most effective. It reassures fear, it restores confidence, and it shows in languages that everybody can understand where and how to obtain the best kind of service.

Its author, Wm. G. Shepherd, writes:

> "A writer or magazine that would sensationally use such material with the purpose of upsetting the confidence of the public in surgery, with its great and ever-increasing benefits, would be as deep a sinner as the surgeon who would risk murder on his table for sheer profit.
>
> "I'm writing this article to give the news that surgery, as a business, is being rapidly cleaned up and that this cleansing process has now, after sixteen years of quiet but extremely and radically efficient work on the part of some hundreds of the leading surgeons, throughout Canada

of the A. C. S.

and the United States, reached such a stage that there is now a method by which the veriest layman, even in a remote and unfamiliar part of this country or Canada, can place himself, within the wards and the operating room of a hospital that he may trust, in the hands of a controlled surgeon whom he may likewise trust.

". . . This American College of Surgeons—you can't name a great surgeon in America or Canada who is not a member, though you might name thousands who are not and never can be—has a sterling silver mark which it places both on surgeons and on hospitals. I am not saying that this sterling silver brand is one hundred per cent. faultless; the American College of Surgeons, after its sixteen years of life, is still far from perfect in its operations, but this brand exists and it shows you and me, as men, the safest method—where, before, no method of any sort existed—of selecting the surgeon in whose hands we must, on occasion, place our lives, our future health and our entire careers.

"It is to Dr. Franklin H. Martin, surgeon of Chicago, that the birth of the American College of Surgeons was due. The organization grew out of annual clinics, somewhat similar to annual business or professional conventions, organized by Dr. Martin, which came to be attended by surgeons from all over the continent.

"At one of these great clinical gatherings in the city of Washington, in 1913—the year before the Great War opened—it was decided that a professional organization of surgeons would put surgery on a better basis before the public, and rid it of its greedy, false and dangerous elements.

"In Chicago, within a few months, Dr. Finney was installed as first president. Charter members numbered over 1,000 of the best surgeons in Canada and the United States.

"The war perhaps somewhat delayed the growth of the organization; when America entered the war most of its leading members went into army service.

"But it's true to say that the war gave us most of what is best in the methods of the American College of Surgeons.

Nor does he mince words in pointing out a former and well-known difficulty:

"Right there in the army," Dr. Martin told me, "you could tell what was the matter with civilian surgery and civilian hospitals.

"In civil life only too often lay trustees and private individuals boss a hospital as if the place were merely some sort of a boarding house for patients. In the army we discovered in organizing our war hospitals that the

(Turn to page 43)

INFLUENZA

Influenza, "la grippe" and other infectious diseases often result in "run down" conditions, lowered body resistance and depressed vitality. To shorten the period of convalescence and restore the patient to normalcy in the shortest possible time,

ESKAY'S NEURO PHOSPHATES

is of tried therapeutic value. It contains calcium, phosphorus and strychnine in form of glycerophosphates, is rapidly absorbed and does not cause gastro-intestinal irritation on continued use. Its palatable flavor and pleasant appearance make it most acceptable to children and adults.

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Established 1841

105 N. 5th St. Philadelphia, Pa.

Manufacturers of ESKAY'S FOOD
OXO-ATE *and* OXO-ATE "B"

The Typical Arthritic

The word ARTHRITIS often suggests a hopeless, bedridden invalid.

As a matter of actual fact, the usual arthritic case comes to the physician not yet seriously incapacitated. There may be considerable discomfort, but the joint involvement is slight and the patient cannot be induced to undergo an expensive course of hospital treatment.

It is for this class of patient—THE TYPICAL ARTHRITIC—that

OXO-ATE "B"

(Calcium Ortho-Iodoxybenzoate)

For ORAL Administration

is especially useful.

1. OXO-ATE "B" (Calcium Ortho-Iodoxybenzoate) is an efficient analgesic and usually reduces pain and swelling sufficiently to enable the patient to continue his daily work.

2. Its ingestion is seldom followed by any unpleasant reaction.

3. Small doses twice a week are more efficient than large daily doses of aspirin, salicylates, etc.

4. It can be prescribed through a local druggist, and thus obviates the disadvantages of intravenous treatment, while producing—though usually in lesser degree—the same therapeutic effects.

5. OXO-ATE "B" is so reasonably priced that the cost to the patient of a course of treatment is less than one dollar a week.

SKF

OXO-ATE "B" (Calcium Ortho-Iodoxybenzoate) is put up in bottles containing 24 half-gram capsules, enough for an average course of treatment (four weeks).

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Anything short of major calibre in a diathermy machine for the treatment of pneumonia will prove disappointing. The Victor Vario-Frequency Diathermy Apparatus is designed and built specifically to the requirements. It has, first, the necessary capacity to create the desired physiological effects within the heaviest part of the body; secondly, a refinement of control and selectivity unprecedented in high frequency apparatus.

In the above illustration the apparatus proper is shown mounted on a floor cabinet, from which it may be lifted and conveniently taken in your auto to the patient's home.

A REPORT from the Department of Physiotherapy of a well-known New York hospital, dealing with diathermy in pneumonia and its sequelae, states as follows:

"As a rule diathermy is indicated in acute pneumonia, especially so when the symptoms are becoming or already are alarming: the temperature is high, the patient is delirious, the pulse is extremely rapid, cyanosis is deep, the respiration rate is high, the breathing is very shallow, and the cough remains unproductive. Not infrequently in a pneumonia case with such alarming symptoms, after a few diathermy treatments an entire change of the picture takes place: cyanosis lessens, respiration becomes deeper, the quality of pulse improves, the rate decreases, the temperature is lowered, and the cough becomes productive. Auricular fibrillation that develops occasionally in similar pneumonias or other types of pneumonia where the toxemia is great, has been changed to a perfect normal rhythm after a few diathermy treatments."

You will value diathermy as an ally in your battles with pneumonia at this season, aside from the satisfaction derived from having utilized every proved therapeutic measure that present day medical science offers.

A reprint in full of the article above quoted, also reprints of other articles on this subject, will be sent on request.

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Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus VICTOR *Physical Therapy Apparatus, Electrocardiographs, and other Specialties*

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A GENERAL ELECTRIC ORGANIZATION

hospital must be controlled by the doctor or the surgeon. During the war, so far as the United States was concerned, hospitals, for the first time in the world, were absolutely controlled by the medical profession.

"And that idea we took right out into civilian life as soon as the war was over. No hospital in the United States or Canada can receive the certificate of the American College of Surgeons unless it is under full control of surgeons. These surgeons are accountable to the hospital authorities, the staff of their own associates, who in turn are governed by the regulations of the American College of Surgeons.

"The first thing to do was to calculate how to get the hospitals on the side of the new organization of surgeons. Wherefore the surgeons, many of whom conducted great and famous hospitals throughout the country, worked out a standardization plan for hospitals.

Notice the emphasis placed upon the practical use of the A. C. S. Certificate by the patient, as a guide to ethics:

"You can put it down in black and white that you won't find the American College of Surgeons' certificate of standardization in any cheap, greedy, patient-cheating hospital—of which there are far too many in operation in our country today. The chances are, indeed, that there's one in your very neighborhood, wherever you live, run privately perhaps by some greedy man or woman, on a sort of boarding-house principle, who has little honesty or little pity for the hospital's helpless inmates.

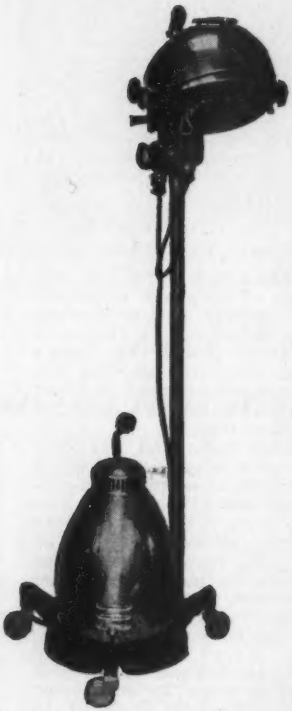
"Some people of importance are finding out that these hospital certificates, framed in plain open view of every visitor, are sterling silver hall-marks of hospital and surgical quality. They're hard to obtain. Few private hospitals, many of which are merely lying-in homes can afford financially to cleanse themselves either physically or morally sufficiently to meet the requirements. The American Automobile Association, for instance, has just issued a pamphlet to all its members, containing a list of certified hospitals of North America for use in case of accident or emergency. It advises its members to select such hospitals.

"Not long ago, in a mid-Western town, a man injured in an automobile accident, asked, when he was taken hurriedly to a hospital, whether the hospital displayed the American College of Surgeons' certificate, down in the office. A nurse replied that it didn't.

"The man demanded that he be removed immediately to another hospital in the town which, according to his A. A. A. guidebook, was a certified hospital. Within a half hour this utter stranger, far from his home, was in the hands of one of the most skillful surgeons in the city. In the other place he would have fallen into the hands of the lesser surgeons of the town, for the place was a hotbed of fee-splitting operators.

"The United States Army has asked the College that its hospitals be certified—and the army has adjusted every one of its hospitals to meet the five demands of the American College of Surgeons. The navy has done the same; it has set its hospitals in order, according to College requirements. So has the Federal Public Health Service,

Now..*The* SUPER *Alpine* Sun Lamp



A High Intensity Quartz Lamp for the Busy Physician or Hospital

NOW comes Hanovia's latest contribution to the science of light therapy —the new Super Alpine Sun Lamp.

The ever increasing use of ultra-violet ray therapy made the development of such a lamp imperative. Both in hospitals and private practice, the number of patients who are regularly being given treatments has continually grown.

A new lamp with greatly increased intensity is the one practical way of solving the problem. The new Hanovia Super Alpine Lamp with a higher effective ultra-violet intensity, is just such an instrument.

Nor have Hanovia engineers stopped there. For this new Hanovia Lamp has a greatly simplified control. It is built as nearly trouble-proof as possible and all operating mechanism is easily accessible.

It is equipped with direct reading Voltmeter and rheostat control for adjusting burner voltage to any predetermined values.

It has an accurate dosage control. It has long burner life and its mechanical design has been greatly improved in accordance with the latest developments of modern engineering practice.

For complete information regarding the new Super Alpine Sun Lamp and our various other lamps for scientific and professional use, send in the coupon.

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the Veterans' Bureau and the National Homes for Disabled Volunteer Soldiers. That's ninety-seven government hospitals in all. This means that expert inspectors of the civic organization, the American College of Surgeons, were invited into the government's hospitals, asked to make any and all criticism they pleased and were promised that the government would make any changes or improvements suggested by the College, in order to obtain its certificate.

"Church hospitals, both Protestant and Catholic, in large groups, have opened their hospitals without reservation to College inspectors.

". . . How to pick your surgeon; how to pick your hospital—that is what I have tried to show in this article. Occasions for such decisions are fortunately rare, but hurried answers must be given when the need suddenly arises.

"Not all surgeons or surgical specialists outside of the College are unworthy to belong to it; the same is true of some hospitals. Indeed, there are some of the larger and older hospitals that would be readily acceptable to the American College of Surgeons if they were not, sufficient reasons of their own, indifferent to the authority of the College.

"Not every institution or surgeon outside the realm of the College is rascally by any means, and nothing in this article is intended to indicate this.

The *best* way to pick a surgeon, perhaps, is through your family doctor. George David Stewart, one of America's leading surgeons and one of the leaders in the American College, said to me:

"'If you have that greatest of all family friends, a family physician, interested in you and in the welfare of all your family, he'll do your surgeon-picking for you, if occasion arises. You can depend upon him for that as you do for other important matters concerning health.

"But not many of us these days, especially among the fifty-one per cent of us that live in the cities, can boast such a close family friend.

"If you have no family physician, tried and tested, it will be best for you, in selecting a surgeon—and I give this advice after the most careful investigation—to depend upon the hall-mark of the American College of Surgeons."

THESE are literally life-saving words of assurance. How different from the destructive propaganda that scares patients out of the ethical hospital or physician's office, and into the hands of the unscrupulous! The emphasis is on the bright side, not the dark side, of medicine. Material like this breeds confidence; I congratulate Mr. Shepherd, *Collier's*, and the American College of Surgeons.

The article should be an object lesson to other leaders of organized medicine. A policy of constructive education, rather than an occasional spiteful yelp against quackery and cultism, would be a far more effective means of establishing the prestige of the Doctor of Medicine.

DIET QUESTIONS have GELATINE ANSWERS

HOW CAN A PATIENT LOSE WEIGHT WITHOUT LOSING HEALTH?

When you prescribe a weight-reducing diet—you need your patient's co-operation. And you will be sure of that co-operation if your diet satisfies the hunger for bulk and the longing for "something good".

Here's where Knox Sparkling Gelatine plays an important part in the weight-reducing regime. Being a pure, *plain* gelatine—it is a form of protein which may be used more freely with less danger to the kidneys than some other forms of protein.

It is free from sugar or coloring matter, and may be combined in delightful variety with foods of low calorific value—giving the necessary appetite-satisfying bulk without supplying the fat-producing calories and conforming to the fundamental principles of nutrition. In the Knox weight-reducing menu are found many salads, desserts and other dishes which are well-balanced dietetically but low in calorific value.

The physician should exercise care, however, to prescribe *pure* gelatine—*Knox Gelatine*—for most of the gelatine preparations now on the market are heavily sugared and flavored. Knox Gelatine is the *real* gelatine.

We shall be pleased to send you a number of dietary booklets prepared by an eminent dietitian on the subject of gelatine in foods. The coupon below describes them—please fill it out and mail it today.

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Please send me, without obligation or expense, the booklets which I have marked. Also register my name for future reports on clinical gelatine tests as they are issued.

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KNOX
is the real
GELATINE

"...as *others* see us!"

"Oh wad some power the giftie gie us, to see oursel's"— wrote Burns and here's a medical version

By Emma Tuomy

I once knew a physician who was so beloved by his people that they gave a big community party in his honor, presenting him with a purse in recognition of his fine service to them as doctor and friend.

And when he died, still a young man, it was the saddest funeral ever known in that township. Never a word but of kindness had been heard about that man!

In contrast, a woman stopped me the other day in the city where I live. "See that man walking down the street," she said. "A fine surgeon but—well, I wouldn't go to him. I have heard too much against him."

She was already to whisper in my ear when I made my escape. But after thinking it over I became curious to know whether this woman's feeling was general, and if so, what circumstance lay behind it. I made a few cautious inquiries among confidential friends and invariably the reply was something like this: "So you have heard things too. Not so good. Dr. F—seems to have the wrong kind of a reputation—but that's all I know about it."

When I asked for more specific information there was none. Nobody seemed to be able to trace the ball back to its source. Nowhere was I able to find anyone who could point to one incident or indiscretion which might have formed a basis for the talk, yet the opinion was general.

Whether or not it was justified I do not know. That is just the point. I tell this story to illustrate clearly the ease and speed with which trivialities are magnified into gossip during the growth of a professional man's local reputation.

His life may be absolutely circumspect; yet unless he keeps a weather eye on the surface appearances, upon his apparently insignificant words and actions, he may find himself misunderstood in his community.

Having been the wife of a professional man for more than twenty years, and counting the majority of my friends among professional people, I have had ample opportunity to observe the frailties of human nature which so often prove to be bars set solidly against success.

The physician, dentist, lawyer, or teacher are always in the limelight of their community. They should never let this fact sink below their margin of consciousness. They are *important people.* Everything they do or say carries a great deal of weight, very often too much so. Public opinion may base itself upon some little thoughtlessness that has no foundation in evil.

Let us consider the doctor who is careless about paying his bills. I have in mind such a man. His family is unusually extravagant. He feels that what they want they should have and he allows them to have charge accounts here, there, and everywhere.

He is a capable physician with a pleasing personality, but his habit of running too close a race with his pocketbook and thus failing to pay his debts promptly, has made him appear as a deadbeat. Just this little careless habit has hurt his prestige enormously, has weakened his

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Hydrochloric acid in the form of coated tablets, each tablet affording a dosage equivalent to Acid Hydrochloric Dilute, 10 minims.

Overcomes the disagreeable features of hydrochloric acid medication.

Physicians' requests for samples and literature will be promptly honored.

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reputation as a medical man. I once heard a woman remark of him: "He can't be much of a man or he'd make his family stop acting like millionaires."

I have known others who have followed the same bad habits. Some of them have acted like privileged characters—evidently believing that because a portion of their patients did not pay upon time and because they rendered a deal of charity to the community, they could take their own time about paying bills.

Such a policy contains a deadly error. There is fallacy in the logic that because *A* did not pay *B*, *B* should not pay *C* and *C* should not pay *D*. Elasticity should not be the principle of credit. I have oftened wondered just what the reactions of such men would be if they could hear the unkind things that are said of them.

"Dr. J's family entertain at bridge but they do not pay their coal bills from one year to another." I have heard that remark time and again concerning one physician in my city.

That brings up the point of the doctor's social life. I have no wish to seem authoritative upon that question, yet I can not help venturing the opinion that the successful physician should not cater too exclusively to people whom he feels are of his social world. I know one man who drives around town failing frequently to recognize someone whom he does not consider belongs to his social set. Perhaps he has a purpose in doing so, and perhaps his purpose will carry him farther in the end. And perhaps not.

Sometimes the social bee seems to sting medical men's wives with ambition. They entertain, kowtow, and snub with reckless disregard of the consequence. I have in mind one such woman. She lives for society. For years she has met every effort to be a social leader.

What are the results today? She is a laughing stock to sane and sensible people. Her husband finds that he has not attained the success that looked so sure early in the game. They both now appear just a little ridiculous in their community.

Every medical man should, of course, aspire to the highest social life, but he should get there through the channels of human kindness.

"Frequently we are too self-centered; we see things only through our own eyes. If I were a physician I would spend a quiet hour each week trying to visualize myself as others see me."

The grouch and the knocker are both out of place in professional life. The physician must take a constructive interest in the activities of his community; he can not afford to adopt an attitude of cynicism. A grouch never gets far in anything and still less so in medicine. As for the knocker, too often his knocks are boosts for the other fellow.

An old patriarch of a doctor whom I once knew had three sons, all three following in his footsteps with distinct success. Part of their success they believe was due to their father's advice. Here is some of it: "Never let people know your private affairs. The less they know of your personal life the more they will look up to you. Never appear intol-

A New Blood Coagulant
Effective, Non-Toxic, Orally Administered

In a nutshell, Doctor, that is the interesting story of the new preparation for the control of excessive capillary bleeding, introduced under the name



Obviously, in your daily practice you encounter many conditions where such a product is indicated, and you will be glad to know that here is a coagulant which you can use conveniently and safely to obtain quick results.

The clinical evidence as well as the laboratory investigation of Ceanothyn is convincing.

It has been shown to be quickly absorbed—increased coagulation has been observed fifteen minutes after oral administration, and it is well tolerated even in large dosage.

The outstanding indications are cases of concealed capillary hemorrhage and as prophylactic when given pre-operatively in nose and throat surgery.

Ceanothyn is strictly a coagulant and should not be expected to replace ligation of primary vessels nor usual mechanical procedure in postpartum hemorrhage, etc.

Send this coupon for clinical test bottle, with which we will send you complete scientific reprints.

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Gentlemen:

Please send me complete literature and sample of Ceanothyn.

Dr. .....

Address .....

erant of other people's deep-rooted theories and views of life. Never discuss your patient with outsiders one way or another. You can never tell how things may be twisted in the re-telling. If you can't say a good word for a competitor, *keep still.*

Among my friends is a physician who has studied and worked intensively both at home and abroad. He has acquired much knowledge and experience. His personality is flawless, and as a man he is as fine as are made. He is deeply interested in his profession and in the betterment of his community. *But,* he gives parties and when he does he draws all the window shades—tight. Here is what the neighbors say: "Doc is pulling another one. Every shade in the house down."

And then they wink.

How much better, if he must pass around the punch bowl, if he left every shade up and let the neighbors think he was serving lemonade.

Talk is a dangerous thing. We can defy conventions but we cannot keep people from talking.

Dressing in good taste is a point worth mentioning. Most people are fallible to the impressions of clothes. Human nature is that way, and you can't get away from it. People look up to those who are well (not snappily) dressed.

The same truth applies to office equipment. There was a man in my city whose practice dwindled because he grew careless about his office. He was busy; he forgot that details count. Finally, from no foundation more genuine than his sloppiness, the story circulated around that he did not sterilize his instruments. He did, I am sure. But the story grew and grew. People began to be afraid to go to him. Eventually he sold out and moved away.

A while back I spoke of the wisdom of being democratic, and not too aloof. Do not go to the opposite extreme. Do not be insincere simply to be a good fellow. I know an individual who twenty years ago began that habit. He would flatter with a suavity that was most pleasing to those who received it. Around the corner he would repeat it to the next person. Yes, he made a good fellow of himself all right—until people found him out. Now he is a man whose word counts for little. I have heard him called a "windjammer."

Check up now and then is the suggestion that I offer. What is your standing in the community?

In the very first paragraph of this article I mentioned a physician so beloved that hundreds felt the sadness of his funeral. Why was it? He was a brilliant man, a deep student, a lover of life. He knew and understood people as few do. He was not self-centered. He had the other fellow's viewpoint.

There it is! Frequently we are too self-centered; we see things only through our own eyes. If I were a physician I would spend a quiet hour each week trying to visualize myself as others see me.

Physician's Paradise

The gates were thrown open with a loud crash and bang! The devil laughed loudly as another soul tumbled in!

"Welcome to Hell, Doc!"

The doctor didn't speak for a long moment. He stood staring at a large sign. Suddenly his eyes shone as he pointed to the sign and read aloud, "Notice to Patients: *All Doctors Bills Must Be Paid in Advance.*— The Devil."

"Hell!" shouted the Doctor gleefully, "This is Heaven!"

Oral Administration of Female Sex Hormone

is effective with

PROGYNON

in the treatment of Climacteric disturbances
Menopause
also Secondary amenorrhea
Oligo and Dysmenorrhea
(when due to Ovarian hypo-function.)



PROGYNON is a recent female sex hormone preparation

highly concentrated
exactly standardized
of proven stability

Containing 50 Allen-Doisy units. Progynon is stable towards heat, acids, alkalies and ferments.

"Because of these special properties, Progynon - unlike ordinary ovarian preparations - is not disintegrated by the digestive juices and is absorbed by the intestines without loss of its potency. Hence it is effective on oral medication."

Biological Action: The uterus of female rats castrated in infancy develops to its normal size and the uterine mucous membrane attains its complete structure. ↘ Senile atrophic ovaries are reactivated. ↘ The mammae and nipples develop; also secretion of milk takes place. ↘ In adult castrated female animals, Progynon produces full estrus and prevents the consequences of castration as, for instance, the degeneration of nerve cells (Nissl-Schollen). ↘ Progynon reactivates senile female animals.

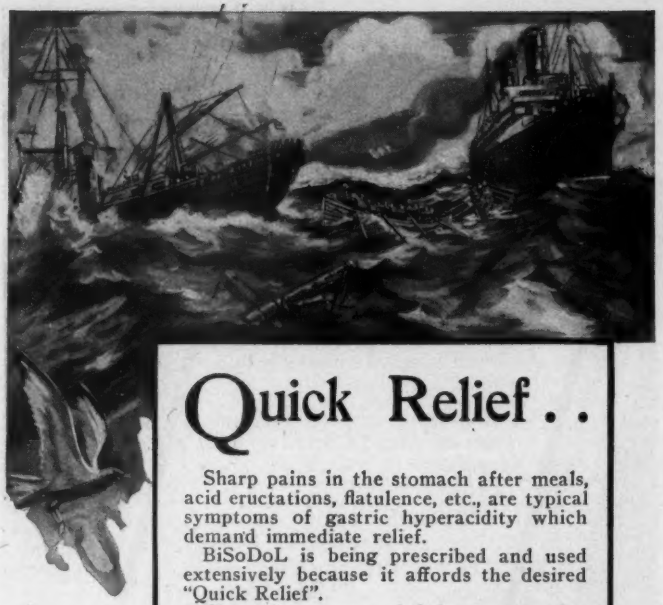
No injurious secondary effects have been observed in extensive clinical research

Supplied in packages containing ten tablets

Extensive Literature upon request

SCHERING CORPORATION

• 110 WILLIAM STREET, NEW YORK, N. Y. •



Quick Relief . .

Sharp pains in the stomach after meals, acid eructations, flatulence, etc., are typical symptoms of gastric hyperacidity which demand immediate relief.

BiSoDoL is being prescribed and used extensively because it affords the desired "Quick Relief".

There is a very definite reason for BiSoDoL as an effective alkalinizing agent. The formula has been carefully balanced so that excessive acidity is neutralized effectively and quickly, without upsetting the stomach or tending to cause systemic derangement.

BiSoDoL is a scientific combination of the sodium and magnesium bases with bismuth, antiflatulents and flavorings. It is an ethically presented prescription product.

Write for sample and literature.

THE BISODOL COMPANY

130 Bristol Street NEW HAVEN, CONN.

Dept. ME-2

BISODOL

The Systemic Factor

There are many systemic disturbances in which an acid condition is one of the mist difficult symptoms to bring under control.

During the winter season when colds and influenza are so prevalent, the importance of keeping the patient alkalinized has been stressed repeatedly by medical authorities.

BiSoDoL plays an important role in the prevention and treatment of respiratory affections in general.

There are many conditions in which BiSoDoL is used with excellent effect. Cyclic vomiting, the morning sickness of pregnancy and other disturbances associated with hyperacidity have shown quick response to the use of BiSoDoL.



It Depends *on the* Druggist

The Prescription Pad will survive if the pharmacist wakes up to his sense of duty

By E. H. Parizot, M. D.
Jeffersonville, N. Y.

THE question "Is the Prescription Pad Doomed?," appears in the November issue of MEDICAL ECONOMICS and I am prompted to answer the same. I hope it will be taken as intended and not as the ramblings of a sore-head.

I have been in practice now going on fifteen years and with the exception of fourteen months army service have always practised in a suburban or country section of the country. It has been my good fortune to have a fine drug store in both places where I resided and also in neighboring villages.

The proprietors of all the stores were good friends of mine —but—whenever the chance came to do a little counter prescribing, although it is illegal in this state, they did not hesitate to do so, often even right under my nose. Right here is a little rub, in that the druggist was breaking the law and yet at the same time the patient thought he was putting one over.

Nine times out of ten that same patient will in a few days come in and get a prescription anyway and have it filled at said druggist, or I will give him medicine if I carry it. And thereby hangs the whole answer to your question as to whether or not the prescription pad is doomed.

You note I have said "if I carry it" and I mean it just as said. It has been my experience that in the country the people look more or less to the physician for their medicine. Why? Because in years gone by the family doctor always put up his own medicine.

Which is just to the patient: to give him something that may or may not do the stunt—to give him stale pills; or to get out the pad and pencil and write a bona fide prescription and have it filled out by the druggist?

Will the pad survive? YES—if the druggist does his share and compounds what is asked for, and does not put in a substitute as has been my experience so often. If he wants my business he must carry an up to date line of fresh drugs and give what is asked for. He must not refill the prescription for every person that presents the empty bottle, knowing full well it is not going to be used for the person it was originally intended for. I have had the experience in being called to attend a child of a neighbor for acute codein poisoning because the child's parents "traded" prescription that was originally intended for an adult.

If the druggist won't do his share, then it is up to me to do my share and carry my own basics and put up the mixtures.

But right here I am running up against a snag. When the druggist hears of this he comes out flat and says, "You are not a licensed druggist and are breaking the law." My answer to that is "How about counter-prescribing—are you not practising medicine without a license then?"

There are many good pharmaceutical houses that put up good reliable tablets and other

In Pneumonia
Start treatment early

In the

Optochin Base

treatment of pneumonia every hour lost in beginning treatment is to the disadvantage of the patient. Valuable time may often be saved if the physician will carry a small vial of **Optochin Base** (powder or tablets) in his bag and thus be prepared to begin treatment immediately upon diagnosis.

Literature on request

MERCK & CO. INC.
Rahway, N. J.

medical preparations, but there is always a time when the good old prescription pad is needed, because of the fact that the combination desired just then is not available. It is then that the druggist must do his share.

It is a known fact that many drug salesmen come in and offer special prices on 5M and 10M lots —"just to clear up the line and put in a new stock." Is it fair to ourselves and our patients to clear out the shelves of the drug firm because one is getting a bargain in stale goods? Here is a point in favor of the prescription pad.

If a druggist will act in good faith and do what is expected of him he and the pad will survive.

"Will the pad survive. YES—if the druggist does his share and compounds what is asked for, and does not put in a substitute as has been my experience so often. If he wants my business he must carry an up to date line of fresh drugs and give what is asked for. He must not refill the prescription for every person that presents the empty bottle."

But if the almighty dollar stands first and the true and asked for prescription is knowingly substituted it will not survive, for the physicians will go back to "rolling their own." This also brings up another point.

The salesmen from the drug houses are always talking about the profits to be made on *refills.* I will grant you that there is money in refills, but they are to be given only for the persons for whom they were originally intended. Then I know that they are getting what was intended for them.

Many times the druggist has himself to blame that the physician is carrying stock and ready made mixtures on his medicine abinet shelves, for the reason that I am going to state. I can carry and give to my patient a prescription and charge him for it and make a reasonable profit, and still not be too steep. Yet if I write a prescription and the druggist fills it he charges perhaps $1.25 to $1.50 for a four ounce mixture that I can put up and sell for 85 cents.

Don't you think the patients know this? Here again dispensing comes in, and I think rightfully. I grant you that the druggist is entitled to a fair profit and remuneration for his work, but let him not rub it in.

Department store and mail order drug selling is another evil. In my mind I cannot see where the state authorities are to let a thing like this go on, when they require preliminary education and examinations from both the doctors and druggists, and yet let a mail order house sell the stuff in bargain quantities and prices.

You can take it from me that so long as the profession lasts, prescription pads will hold their own provided the apothecaries do the right thing. Also there will be some dispensing. Both have their place and one must needs choose when that right place and time is.

In the foregoing I have not attempted any great literary epistle but I have had in mind that it would at least open up a discussion and it would please me to hear what others have to say about it.

. . . powerful and rapid in action. Kills bacteria almost instantly.



Valuable in the treatment of all open wounds, abrasions, and infections of the mucous membranes

. . . especially suggested, at this time of the year, as a nasal spray, mouth wash and gargle.

SHARP & DOHME

BALTIMORE

New York Chicago New Orleans St. Louis Philadelphia Atlanta
Kansas City San Francisco Boston Dallas

"Speaking Frankly"

Cont. from Page 29

ing his family physician and some seven or eight others. He was given one, and was promptly relieved. Thereupon he gave it to each of his brothers and sisters, six in all, who used it in their family. They in turn gave it to their in-laws, and altogether we discovered years later that several hundred had been using this one prescription.

For a year past I have refused to write a prescription. This plan brings the patient more often, enabling one to keep a more satisfactory record of his case, and in the end, everyone is ahead.

—B. D. B.

Panics

To the Editor:

Panics and depression may some day be eliminated; but at this time it is probably as well for the doctor to be prepared rather than to assume that they will not recur. People are in debt today as never before, and some economists believe that the dam may break completely.

If the physician is to extricate himself whole from this condition of affairs, what is he to do?

In the first place he must take an account of his present situation, he must study the conditions which are peculiar to his locality and to his calling, and he must orient himself in relation to major economic movements.

The men who can look back over twenty years or more of practice will remember that at that time the doctor's equipment was relatively inexpensive. Ten years ago a distinct wave of expansion set in, the doctor enlarged his office, he engaged more help and he bought more equipment.

Now that business activity is on the down grade, he finds that his practice has dwindled to the point where he must sacrifice some of this outlay.

It would be a great error to cast it all aside without discrimination, for much of this represents a real advance.

If we classify the doctor's equipment as diagnostic and therapeutic, we will find that he has more of the latter, probably due to the intensive sales campaigns of manufacturers of these goods. I have special reference to physio-therapeutic apparatus.

My own experience with these physical appliances is that, while they have solid merits, they will not do all that is claimed for them. Furthermore, they require good business administration, a considerable capital and a not negligible amount of technical knowledge.

With some exceptions, it would probably be as well for the doctor to leave this branch of medicine to established physio-therapeutic laboratories, as he does the compounding of his drugs to the pharmacist, and to maintain a judicial attitude towards the results obtained. I am convinced that, in the long run, he will not lose money by doing this; and he can occupy his time and efforts to a better purpose.

As to diagnostic equipment, it appears certain that the doctor can no longer safely neglect this department of medicine. Whether general practitioner or specialist, no physician can do his best without the aid of a complete laboratory service.

How is the doctor going to meet this new demand? For every practitioner to do this work for himself is obviously impossible. A cooperative enterprise where several doctors will maintain a complete diagnostic service along sound business lines and where the service will be rendered at cost to their patients, seems to me to be the answer to this problem.

Where this can be done in an established Hospital, so much the better. Hospitals can render ne

For Your Hands



Constant washing and dipping into antiseptic solutions plays havoc with the physician's hands. You can guard against crackling of the skin, chapping or roughness, by the use of the non-greasy

NEPTO LOTION

It is made from Carrageen, the sea moss gathered on the Atlantic Coast, blended in just the right proportions with glycerin and alcohol.

Nepto Lotion keeps your hands in professional shape—a few drops daily is all that is necessary.

Let us send you a bottle direct from New England for the benefit of your best instruments—your hands.

The E. L. PATCH CO.
Boston, Mass.

Makers of Patch's Flavored Cod Liver Oil

The E. L. PATCH CO.,
Stoneham 80, Dept. M. E. 2,
Boston, Mass.

Please send me a trial bottle of NEPTO LOTION.

Dr _____

Address _____

greater service to medicine today than to provide complete, rapid and inexpensive diagnostic service to physicians, managed in such a manner as to insure the confidence of all parties concerned.

It is more important today than ever for the doctor to put his business and personal affairs on a solid basis, to get out of debt wholly, if possible; otherwise, to reduce his indebtedness as much as he can and to put his expenditures on a strict budget system, and above all, to determine to render to his patients the very best possible service.

—F. D. L.

Assistant

To the Editor: One of the important reasons why I dispense is because I believe the patients are often charged too much for a prescription. Many people of moderate means can not get what they ought to have, and therefore the doctor loses out in his treatment of the case.

When the physician dispenses he has the case under his entire control, and can give better service. Every doctor should have a qualified office assistant to do the routine work in dispensing.

—L. A. H.

Restaurants

To the Editor: The prescription pad is not doomed entirely but it is being made use of less and less. The reason? First, as stated in the article in November MEDICAL ECONOMICS, *the present* large drug store makes no bid at all for prescriptions, especially the chain store.

These places now look more like restaurants or department stores than pharmacies. They do not care whether anyone ever comes with a prescription. They simply have a small drug department tucked away in some remote corner for any stray prescription that may have to be filled.

Second, we can blame the tendency of the small drug store to indulge in counter prescribing, which keeps the patient away from the physician in many cases, and in turn keeps the druggist, who otherwise might have filled a prescription given by the doctor.

I have no quarrel with the druggist who sells proprietary medicines or recommending certain preparations when asked for. But, as I have often had occasion to find out, some druggists actually diagnose diseases and dispense mixtures, pills, and powders, putting them up in the regular way with direction on the containers.

In several instances a druggist actually diagnosed, prescribed, and dispensed for patients who were home sick. In each instance another member of the family reported regularly the progress of the ailment to the druggist and new medicines were dispensed as required.

Some even go so far as to practice minor surgery.

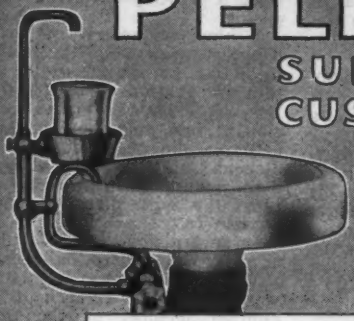
Now here is something paradoxical—the druggist is not allowed to diagnose, prescribe, and dispense, and yet he does it in violation of the law. The doctor, on the other hand, is allowed to dispense and sell medicines to his patients, and yet often he doesn't do it.

If more physicians would only realize that many patients stay away from their office, not because of the fee he will charge them, but as they have often told me, because they are afraid they will have to pay a large price to the druggist for the prescription, afraid he will rankly overcharge them.

Here is a situation where the druggists directly compete with the doctors. If the patient knew that the doctor dispensed his own medicines free, or at nominal cost, they would not hesitate to come to him in the first place. It would also have the effect of making the druggist sit up and think some before doing any dispensing and treating on his own part.

As I stated at the outset, the prescription pad is not entirely disappearing. We have to use it, particularly at the bedside, or

PELTON
SURGICAL CUSPIDORS



Unobtrusive Details of Great Importance

A gentleman need not boast, for his demeanor proclaims him.—A hundred little details of action and conduct prove the man.

It is so with your cuspidor—its appearance and details proclaim its quality, and the fact that it is a cuspidor—but you do not want it obviously to shriek its lowly character but highly utilitarian purpose to your patients.

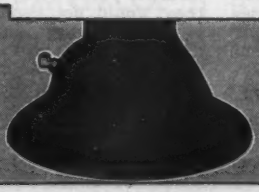
If it unobtrusively lends a feeling of spotless cleanliness and sanitation, it has accomplished what good manners do to a man.

Pelton Surgical Cuspidors cannot hide their manifestly good design, workmanship and material. They do not intrude on the sensibilities of the patient—but they do forcibly command the attention of the physician who is seeking fine material, features of convenience, utility and good taste.

There are 5 different models to choose from:

Chair Type . . . Model C Pedestal Type . . Model P
Folding Bracket Type . Model B Wall Bracket Type . Model W
Portable Stand Type . Model S

THE PELTON & CRANE COMPANY
DETROIT, MICHIGAN



when we wish to prescribe special or out-of-the-ordinary preparations.

A great deal of the doctor's practice has been taken away by various agencies too numerous to mention here, but the dispensing druggist is actually responsible for some of it. If physicians would take some more to dispensing their own remedies, a goodly portion of their practice would be retrieved.

—S. R.

13,000 Doctors Reply!

Cont. from Page 12

sively, partially, or not at all, in the four respective classes of community.

Accordingly, a cross-section of physicians practicing in communities of less than 5000 shows that 41% dispense exclusively, 37% dispense partially, and only 22% do not dispense at all.

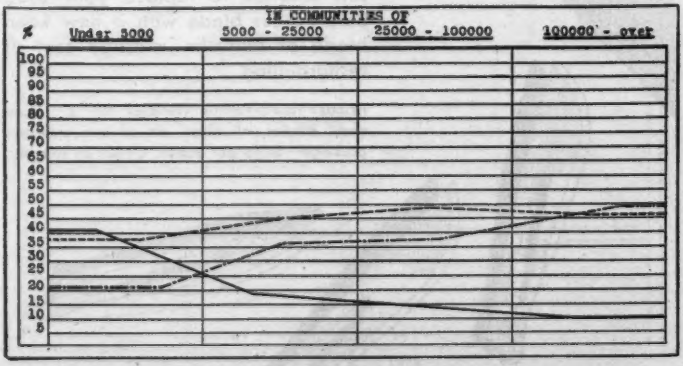
Of physicians in communities of 5,000 to 25,000, 19% dispense exclusively, 45% dispense partially, and 36% do not dispense at all.

In the same order, the ratio in communities of 25,000 to 100,000 is 15%, 48%, and 37%. The ratio is even more distinct in cities of 100,000 or more, where only 10% dispense exclusively, while 42% dispense partially, and almost one-half (48%) do not dispense at all.

As might be expected, the prescription pad is more popular with the younger men. Of those who dispense exclusively, for example, only 9% have been in practice less than 10 years; 16% have been in practice between 10 and 20 years; 35% between 20 and 30 years; *and 40% have been in practice more than 30 years.*

There is not such a wide difference in ratio between the physicians of different ages who dispense partially. 20% have been in practice less than ten years, 23% are in the next age group, 31% in the next, and 26% in the oldest age group.

The distinction in the next classification (those who do not dispense at all) is clearer if we consider it from another stand-



The curve of dispensing according to types of community: the plain line indicates the percentage who dispense exclusively; the dotted line, those who dispense partially; and the interrupted line, those who do not dispense at all.

It's Sharp



Fourteen years ago the detachable blade knife was still in its experimental stage. Today the Bard-Parker knife is accepted throughout the Profession as the standard scalpel.

To resharpen the one-piece knife takes time and money. But it takes only a few seconds to replace your used Bard-Parker blade with a new keen blade at half the average cost of resharpening.

Prices: Bard-Parker Handles No. 4—$1.00 each. Blades, all sizes, six of one size per package—$1.50 per dozen. Order by number.



BARD-PARKER COMPANY, INC.
369 Lexington Avenue, New York, N.Y.

point, i.e.: the percentage in the four age groups who follow this procedure.

Thus it is shown that of all physicians less than 10 years in practice, 44% do not dispense at all; of those in the next age group, 42% do not dispense at all; of those in the next, 31%; and of those in the oldest group, 24%.

Now we come to consider the trend of the times concerning the custom of dispensing; in other words, the proportion of dispensing today as compared with five years ago.

Almost exactly one-third of all the physicians in the United States are dispensing more than they were five years ago, while only one-quarter are dispensing less. 43% have not changed their custom in the last five years.

This balance, on which the prescription pad holds the low end, is true of all types of community except the smallest, i.e., 5000 population or less. Here 43% of the physicians are dispensing more than five years ago, 21% are dispensing less, and 36% have not changed their custom.

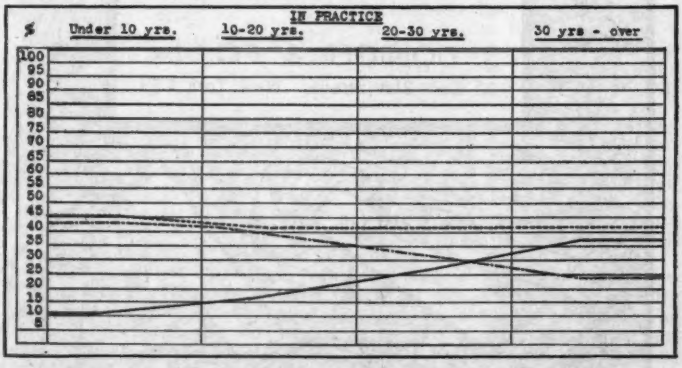
Of the physicians in practice ten years or less, 32% are dispensing more than they were five years ago, and 25% are dispensing less. 3% have not changed.

In the next age group (10 to 20 years) 30% are dispensing more, 26% less, and 44% the same. In the next group (20 to 30 years in practice) 33% are dispensing more, 24% less, and 43% the same.

Throughout these last three classifications, there has been a definite swing of the balance scale, with the high end rising gradually with the increasing age in practice, the low end dropping accordingly, and the fulchrum pivoted on those whose custom concerning dispensing has not changed.

This swing reaches its culmination with the last age group (30 years or more), where 37% dispense more than five years ago, 21% less, and 42% the same.

This concludes the statistical report of MEDICAL ECONOMICS' survey of the dispensing-prescribing situation—with the one exception of the question concerning the charge made for medicines. Because of the unexpcetedly large number of replies, that question is still in process of compilation as this article is being written. A brief report covering it will be published in March.



The curve of dispensing according to age: the plain line indicates the percentage who dispense exclusively; the dotted line, those who dispense partially; and the interrupted line, those who do not dispense at all.


A MILLION
X-ACTO SYRINGES
R.T.M.
Are Giving Satisfaction
YOU must own one of these superb instruments to appreciate how good a syringe can be.
Try an X-ACTO (REG. TRADE MARK) when you next need a syringe. Specify the Genuine. It costs no more than "just a syringe" and lasts a lot longer and gives much better service.
Your Dealer Has Them.
S. DONIGER & CO., INC.
23 East 21st Street New York City

Dramatizing the Story of Health

Continued from Page 11

she had torn out of a magazine. She showed it to the doctor to indicate just what she wanted and why.

There is unmistakable evidence that the series is being read with interest by a large portion of the public. Sets of proofs are in constant demand by teachers, nurses, boards of public health, and students. These sets have been mailed out, with booklet on preventive medicine called "Fortresses of Health", and designed to show parents how the physician is equipped to guard their children against many of the diseases which used to be considered among the necessary evils of childhood.

A portfolio containing reprints of the advertisements to date was

An Expensive Collection

Reported by Lawyer Hayward



BROWN still owes $8.95 on that account of his," the doctor averred.

"I'll call there tomorrow morning," the collector promised.

"And take some of our 'deadbeat' cards along," the doctor suggested.

"Sure—I'll get the money or I'll placard his house so it'll look like a circus wagon."

That afternoon citizens walking past Brown's humble home saw upon the gate post a number of cards or placards, bearing the name of the doctor.

"Please take notice," the placards screamed in heavy type. "Our Collector (in still heavier print) was here for payment. We would save you the annoyance of his further calls, if you will pay at the office. This was in small letters, but the aforesaid citizens quite naturally read it all.

Brown did not call nor "pay at the office," but he did call on a Kentucky lawyer, who assured him that he had a good case.

"Sue 'em for libel," the attorney suggested, and the Kentucky Court of Appeals in 203 S.W. ruled Brown had a legal "right of action."

"It must be remembered that the cards in question were put in several conspicuous places about Brown's residence, so that they could be easily seen by the public from almost any angle. If the sole purpose of the collection company had been to notify Brown that his collector had called, and to request him to come to the office to pay the account, the mere placing of the card inside the door would have been sufficient. Hence, some effect must be given to the studied effort of the company to give the publication as wide and effective publicity as the circumstances would permit. Viewing the transaction in the light of this fact, it cannot be doubted that the real purpose was to coerce the payment of a debt, by publishing Brown's delinquency, and thus disgracing him in the eyes of the public," said the Court.

In the same case the court refers to Wisconsin and Missouri decisions that envelopes sent through the mails, with "for collecting bad debts," and "Bad Debt Collecting Agency," printed thereon in heavy type, were libelous.

"In this case the publication was by means of cards so artfully placed as not only to attract the attention of those who were naturally curious, but to lure the gaze of those whose proneness to pry had long since lost its edge. We, therefore, conclude that the words in question were libelous," the Kentucky court concluded.

An Improved

KNY-SCHEERER PRODUCT

Wachenfeldt's Suture Clips



B-6679

WACHENFELDT'S Suture Clips are scientifically designed so that when they are removed, the patient suffers no pain—and, unlike old style clips, they may be used with complete efficiency about six times.



B-6679. Wachenfeldt's Clip Applying and Removing Forceps, plain pattern, 4¾ inches long. Chrome plated, $2.15.

B-6681. Another extremely practical type of Wachenfeldt's Clip Applying and Removing Forceps in the "Cross Action Pattern". It is so designed that the nurse simply hands the forceps (with a clip held automatically by instrument) to the operator. Pressure on the corrugated portion nearest to the tips closes the clip. Chrome plated, $3.00.



B-6681



B-6678

B-6678. Made in 4 sizes,
12 M.M.—$2.65 per hundred
14 M.M.— 2.85 per hundred
16 M.M.— 3.10 per hundred
20 M.M.— 3.50 per hundred

Trade Mark Registered

KNY-SCHEERER CORPORATION

580 FIFTH AVENUE New York City

issued some months ago, and it is interesting to learn tnat 15,000 physicians requested the book for their reception room tables, as the result of a single announcement in a Parke, Davis & Company house organ, "Therapeutic Notes."

The finding of interesting incidents to introduce the advertisements was a matter of endless, patient digging in libraries, medical histories, and other sources. Due to the nature of the material, it was necessary for the medical staff of Parke, Davis & Company to work pretty closely with the advertising agency which aids in the preparation of the copy. Even so, Parke-Davis officials are very willing to give their agency the credit for locating the many interesting and dramatic "leads" which have served to introduce the text.

The philosophy behind the preparation of this advertising is especially interesting. One Parke-Davis man phrased it: "It would not be of much avail continually to drum into the minds of the public the admonition, go to your doctor. We have to give some adequate reason why they should seek medical advice. We have, however, been clearly pointing out the intricacies of many diseases and have been showing how ridiculous it is for any layman to attempt self-diagnosis. We make it very plain to any person of intelligence that the physician is the one man to whom he should turn for consultation, diagnosis, and treatment."

This point is borne out perfectly in the following quotation from a recent advertisement on goiter:

> "The thyroid gland produces and sends into the blood stream a secretion containing iodine But if the diet is deficient in iodine the regular production of this secretion is threatened and the thyroid gland enlarges to increased its efficiency. This is simple goiter, the most common form of the disease.
>
> "But nearly all goiters, simple or otherwise, begin with a lack of iodine—that is, they are simple goiters first. And then any one of a number of varieties of thyroid disease may develop. One form, cretinism, retards the physical and mental development of children. Myxedema, which appears in adults, causes increased weight and slows up the mental and physical processes. Exophthalmic goiter, a very serious type, is accompanied by protrusion of the eyeballs, rapid heart action, and sleeplessness.
>
> "Another serious form is known to doctors as adenomatous goiter.
>
> "However much goiters appear to be alike, they are frequently different from one another in a medical sense. Treatment which is beneficial in simple goiter may do harm in other varieties of goiter.
>
> "It must be apparent that it takes professional experience and fine judgment to differentiate and properly treat the various forms of thyroid disease. The only safe step for any person who has goiter, or is interested in preventing goiter in himself or his children, is to consult a qualified physician."

No physician who is in practice today can remain indifferent to this pioneering work in health education.

It is a competent answer to the old argument that there is nothing in the story of health to interest the average American reader, unless given the tawdry treatment seen in publications of the quack type. In this campaign there is no resort to mawkish sentimentality, cheap exaggeration or scare talk. It invites respect because of its restrained, yet interesting, use of dramatic incidents in the history of medicine.

Great credit is due any firm which boldly changes a policy of long standing, in order to accomplish a high ideal!



When Do Most Instruments Corrode?

During sterilization, of course, when the foreign substances in the water eat at the plating and body of the instruments.

Now this has been overcome. The "danger period" has been safeguarded with

STER-TABS

Two STER-TABS added to each quart of water in your sterilizer give positive and absolute protection against rust.

Bottle of 100 STER-TABS..$0.75
Bottle of 500 STER-TABS.. 3.25
Bottle of 1000 STER-TABS.. 6.00

At Leading Surgical Supply Dealers

TEST STER-TABS Yourself—Send the Coupon for FREE Samples

J. SKLAR MFG. CO.
(*Wholesale Exclusively*)
133 Floyd St., Brooklyn, N. Y.

Send me FREE samples of STER-TABS to test.

Name .....
Address .....
City ..... State .....

ME/2/30

Collection Pitfalls

Continued from Page 15

them, that this article is written.

There are many and varied methods of approach, some conveying the idea that the company represented is preparing a credit rating book for the benefit of physicians, osteopaths, dentists, etc., for which there will be but a nominal charge and merely the signing of a (skillfully worded) contract to turn over a list of poor pay patients.

This contract when analyzed proves to be nothing other than a contract for collecting bills and binding the signer to turn over all unpaid bills.

Or, again, the approach may be: "Doctor, will you kindly allow us to take a list of your bad bills that we may effect collections upon them for your convenience? We guarantee collection."

To be sure, many of these high powered sales people lose the expected contract, but for each that loses there is another who makes an approach, finally batters down the last line of resistance and secures the coveted signature upon their "fool proof" contract.

When once the average contract has been signed and bills turned over, it is too late to do other than to add another hard earned notch to the belt of experience. These people paint vivid pictures of "one hundred per cent collections", "no collection no cost to you", "only small commission fees", fees often much lower than your local attorney or personal friend who is in a legitimate collection business charges.

These vivid pictures are backed up by bold type stating just those points in the contract, which bold typed statements are pointed out and read to you during the rapid-fire sales talk. Thousands of physicians and business men have been badly beaten by these fly-by-night agencies. Still there are operatives in every city and town of any size in this country making a splendid living.

(Turn the Page)

Ampoules

Invert Sugar Compound

for the Non-Surgical Treatment of Varicose Veins

Each 10 cc. ampoule contains:

Invert Sugar - -	6 Grams
Sodium Salicylate -	1 Gram

Advantages of the Injection Treatment of Varicose Veins. By this method varicosities may be obliterated with material economic benefit to the patient, since the treatment is an office procedure and there is no loss of time from work. The patient is spared the pain, anxiety and expense of surgery and hospitalization. The risk of a general anesthetic is obviated; and with attention to the details of technic, there is an absence of scar formation. The method makes relief from varicose veins available to a greater number of patients, and adds to the number of conditions the physician may adequately treat without recourse to surgery.

Effect of Injections Upon Varicose Ulcer, Eczema, Pruritus. It is generally conceded that the condition clinically known as varicose ulcer is primarily dependent upon the presence of varicose veins. As a direct result of the faulty venous circulation in the varicosed lower extremity, the tissues become edematous. The nutrition of the skin becomes materially impaired and an eczema with stubborn pruritus develops. If the water infiltration of the tissues has been present over a long period of time, the skin and subcutaneous tissues become hardened and resist any kind of treatment. On the other hand, in the less severe cases, the obliterative treatment of the veins exerts a very favorable influence upon the ulcer, especially when combined with pressure dressings, rest of the limb, and supportive treatment through the use of an Unna cast. The healing of extensive, deep ulcers may be hastened by skin grafting.

Plain Invert Sugar 60 and 70% in 10 cc. ampoules can also be furnished.

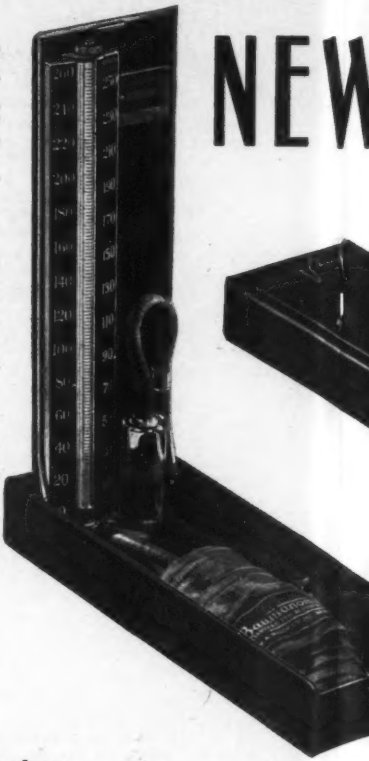
C. F. ANDERSON CO., Inc.

212-214 S. 7th STREET, MINNEAPOLIS, MINN.

The KOMPAK Model is a thin, slim, easily pocketed instrument. It fulfills the long felt need for a *scientifically accurate* instrument that is really portable.

The combination of Duralumin and leather in the KOMPAK Model is ideal, for they make it as strong and wear resisting as possible.

A BEAUTIFUL PIECE OF EQUIPMENT . . . . IT SPEAKS FOR ITSELF.



NEW

$37

SPECIFICATIONS

Calibration 260 mm.
Size 1⅝" x 3⅞" x 11¾".
Weight 30 oz.
Inflation System Self-contained.
Duralumin case with baked enamel edges.
Genuine Morocco grain leather.
Entire manometer unit chromium plated.
Individual nameplate cast in cover.
Table of clinical averages embossed in case.
Lifetime Guarantee against glass breakage.
Perpetual Guarantee of accuracy.

C. F. ANDERSON CO., Inc.
MINNEAPOLIS, MINN.

I would like without obligation to inspect a new KOMPAK Model Lifetime Baumanometer.

*Name*_____

*Address*_____

_____

EW! KOMPAK MODEL

Lifetime
Baumanometer
STANDARD FOR BLOODPRESSURE



The KOMPAK Model is the smallest, lightest and most compact MASTER bloodpressure instrument ever made . . . only 30 oz. in weight . . . and because it is a scientifically accurate instrument, it removes every reason or excuse for using *inaccurate* or clumsy bloodpressure apparatus.

The KOMPAK Model fits easily into any physician's bag . . . it can actually be carried in the pocket.

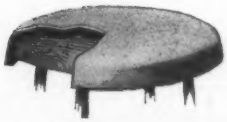
37 50

Compactly encased in Duralumin, inlaid with genuine Morocco grain leather, the KOMPAK Model is a Finished Product . . . the Handiest of all types and the most permanent.

C. F. ANDERSON CO., Inc.

212-214 S. 7th STREET, MINNEAPOLIS, MINN.

"SUNRUCO"





Snug-fit Stool Cushions

(Pat. Oct. 11, 1927)

This unique "Sunruco" sponge rubber Felt Covered Stool Cushion is a favorite to all users of stools and has received a hearty reception from dentists, doctors, and others. The Snug-Fit Cushion, as its name implies, fits closely over the top of the stool seat, like a glove. The drop side or skirt holds it firmly in place. There is a resilient cushion of sponge rubber, underneath the all-wool Felt Cover, of ample thickness to insure comfort on an otherwise hard and tiresome seat. It prevents wear and shine on clothing. Snug-Fit Stool Cushions may be had in either Brown or Green color, in four sizes.

	Each
No. 2 — Diameter — 12″ inside	$3.75
No. 3 — Diameter — 13″ inside	4.00
No. 4 — Diameter — 14″ inside	4.50
No. 5 — Diameter — 15″ inside	4.75

Packed one to a box.



Sunruco Executive Velour Covered Cushions

Completely housed in an envelope of rich velour material. Unlike other cushions, it will not pack or lose shape. Improves with constant use. For office comfort and efficiency, use "Sunruco" Executive Cushions. Furnished in Green color.

No. 5—Arm or Swivel Chair 18¾″ wide, 17½″ deep, each $6.50

Packed one to a box.

C. F. Anderson Co., Inc.

212-214 S. 7th Street
Minneapolis, Minn.

These companies operating from New York, Brooklyn, Cleveland, Detroit, Chicago, and other places, claim to be able to collect all manner of bad claims much better than your local attorneys or the legitimate collection agencies.

Just how do they accomplish this from a distant city? They send out a group of letters, usually without producing results, and then forward your claim back to, in many cases, your own family lawyer—or at least to a local attorney. The attorney effects collection where possible, and after deducting his fee, remits the balance to the company. In rare cases the company forwards some small part of the amount collected to the "client", but often it fails to remit at all.

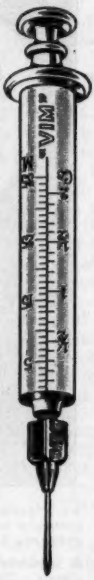
In a recent issue of the Commercial Law League Journal reference is made to the following letter, which letter is a fair example of thousands of cases. "In 1925 we placed accounts amounting to over one thousand dollars with a certain agency whose stationery shows that they are members of the American Collection Service. They have just rendered a statement showing that collection of $30.40 has been made on one of the accounts. According to our interpretation of the contract they are entitled to 50% of this amount and we are entitled to the balance. We have been endeavoring to secure settlement from them but they seem to ignore our efforts."

The following is the contract which he had signed:

> "In consideration of the services to be rendered by the—Association, the undersigned hereby ASSIGNS to said Association the within described claims and APPOINTS THEM ATTORNEYS IN FACT for the collection thereof, and GIVES said Association FULL POWER AND AUTHORITY TO SETTLE the same; and the undersigned AGREES TO ALLOW said Association a DOCKET FEE OF FIFTY CENTS for office filing, which

℞ *Better Hypo Operation!*

We suggest that the doctor wanting better hypo operation prescribe for himself VIM Hypo Units—and VIM Emerald Syringe fitted with a VIM Stainless Steel Needle.



By "better hypo operation," we mean:

1. Maximum freedom from syringe backfire and leakage, and elimination of leakage at syringe tip and needle mount.
2. Freedom from rusted or corroded needles—VIM needles are rustless and stainless.
3. Tight, smooth syringe operation free of jerkiness, backfire or leakage.

Doctors using VIM Hypo Units have found them to be the right prescription for smooth, trouble-free hypo operation because VIM Stainless Steel Needles and VIM Emerald Syringes are made to fit each other with a snug, micrometer accuracy that never varies.

Make This Test

Tear out this ad. Send it to your dealer asking him to send you a VIM Hypo Unit, (be sure to specify needle and syringe sizes desired). Test it in your daily work; compare the tight, smooth action of the VIM Unit with your previous syringe-needle operation. If the VIM Unit does not prove all that we say it is, and all that other doctors have proved it to be, your dealer will refund your money without question or hesitation.

THE MacGREGOR INSTRUMENT COMPANY

Needham, Mass.

Tycos Surgical Unit



For Blood Pressure Determination in the Operating Room

Anticipating the needs of anaesthetists and surgeons, who are finding that accurate blood pressure readings are invaluable during anaesthesia and surgery, we have designed this Tycos Surgical Unit.

It consists of a large easy reading Tycos Sphymomanometer and a universal clamp. The clamp enables the Sphygmomanometer to be adjusted to any position convenient for the anaesthetist and out of the way of surgeons or assistants. The adjustments can be made instantly, but once made the instrument is firm as the table itself. If it is inconvenient to have the instrument attached to the table, the clamp will accommodate it to the anaesthesia equipment or instrument stand.

Modern reliance on blood pressure makes it extremely important to include the Tycos Surgical Unit in operating room equipment. Your dealer can supply you with this equipment. Complete unit $52.50. Clamp only $15.00.

Write today for additional information.

Taylor Instrument Companies

Makers of Tycos Sphygmomanometers, Pocket, Office and Recording, Tycos Fever Thermometers

ROCHESTER, N. Y., U. S. A.

CANADIAN PLANT
TYCOS BUILDING
TORONTO

MANUFACTURING DISTRIBUTORS
IN GREAT BRITAIN
SHORT & MASON, LTD., LONDON

shall be paid or RETAINED OUT OF THE FIRST COLLECTIONS, whether received by said Association or the undersigned, and to said Association commission on the accounts collected as follows: For the first one hundred dollars, at the rate of fifty per cent; for all above one hundred dollars, at the rate of twenty-five per cent; for all sums collected on outlawed claims, or *by partial payments*, at the rate of fifty per cent. After said Association shall have employed reasonable means for collecting any claims, without the assistance of counsel, said Association may place any such claim in the hands of its counsel for collection, and if said Association shall in such case assume the responsibility of costs and counsel fees, the undersigned agrees to allow said Association a commission of fifty per cent upon the amounts collected on any such claim in lieu of the commissions specified above. Said commissions shall be paid regardless of whether payments on said claims are made to said Association or to the undersigned. If payments are made to the undersigned, the COMMISSIONS SHALL BE REMITTED IMMEDIATELY to said Association. In the event that the undersigned REFUSES OR NEGLECTS TO FURNISH NOTES, ITEMIZED STATEMENTS OR INFORMATION RELATIVE TO ANY CLAIM after having received a request for same, or WITHDRAWS ANY CLAIMS after having ASSIGNED the same to the Association, the COMMISSIONS THEREON SHALL BE PAID to said Association the same as if said Association has collected such claims in full, but otherwise the undersigned will not be required to pay said Association any commissions on any claims unless collection is made. No solicitor has authority to alter this agreement, stipulate the mode of collection or accept any money on accounts listed hereon from either client or debtor. It is further understood that any additional claims which the undersigned may list with said Association for collection within one year from date hereof will be accepted by said Association under the terms of this agreement."

The capitals are mine, and are so placed that you may readily see wherein lies the "real meat" of the agreement—that meat which is usually bitter eating for most creditors before they get through with the "said Association". The word "Association" appears *eighteen* times. Despite the above, the biggest type in the contract is "NO COLLECTIONS —NO CHARGE".

Let us examine certain features of this contract. In the first place, the creditor may believe that he is merely turning over to the agency certain accounts for collection on a *no collection—no charge* basis. However, he actu-

Headquarters for

Rustless Steel Surgical Instruments

All of which are made from genuine "STAINLESS" STEEL

NO PLATING

We are the largest manufacturers of this line in the United States.

Catalog on Request.

FRED HASLAM & CO., Inc.

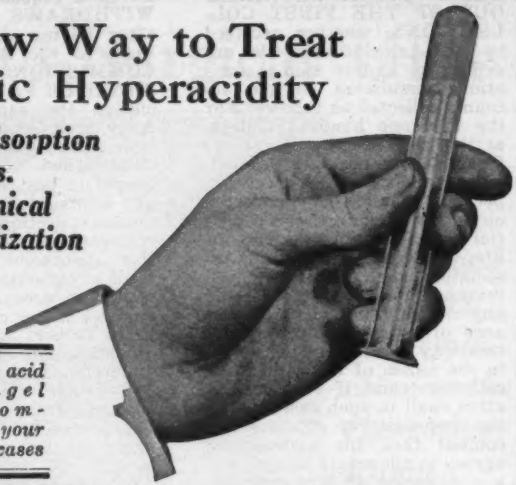
USA HASLAM

83 PULASKI STREET, BROOKLYN, N. Y.

Supplied through Dealers only

A New Way to Treat Gastric Hyperacidity

Acid Adsorption vs. Chemical Neutralization



Form this acid adsorbing gel in the stomachs of your hyperacid cases

ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

THE introduction of ALUCOL—a true colloidal type of hydroxide of aluminum—by the Wander Research and Chemical Laboratories marks a new advance in the treatment of gastric hyperacidity.

ALUCOL acts by colloido-chemical adsorption, not by chemical neutralization. It combines *colloidally* with the excess of gastric HCL to form a colloidal gel in the stomach. This gel acts as a carrier of the excess of acid and removes it from the system.

As ALUCOL does not neutralize the acid, it does not hinder or prevent proteolytic activity.

Clinical reports show ALUCOL to be remarkably effective in gastric and duodenal ulcer and other conditions characterized by high gastric acidity.

Alucol is issued in tablet and powder form.

The Wander Company

180 North Michigan Avenue

Chicago, Illinois

THE WANDER COMPANY,
180 No. Michigan Ave.,
Chicago, Ill. Dept. M.E. 2

Please send me, without obligation, a container of ALUCOL for clinical test, and brochure on "The New Colloidal Ant-acid."

Dr. .....

Address .....

.....

ally enters into a contract which assigns his accounts to the agency, making them the legal owners, just as you would assign any other personal property.

This is not a mere turning over; it is a conveyance. Moreover, the contract provides that these accounts can not ever be recalled without paying the regular commission fee in full. Therefore, the agency may, if it so elects, after securing this assignment, sit back and wait. If the acount is paid to either the agency or the creditor, the agency gets its commission. If the subscriber gets disgusted and tries to recall his claims in order to give them to someone else he is met with a demand for "regular commissions in full."

Again in actual practice, the docket fee works out somewhat along the following lines: Assume that the creditor has given the agency one hundred accounts. Also assume that as a result of one "cream skimming letter", the agency collects one hundred dollars. There is a fifty per cent charge on this collection, or fifty dollars plus fifty cents per claim docket fee charge, or another fifty dollars—and the agency has, quite l e g a l l y, received what amounts to one hundred per-cent commission.

The following is an exact copy of the contract of another agency which has in the past and still is doing a tremendous business:

"A RESPONSIBLE
FINANCIAL INSTITUTION
Incorporated in the State of - -

NOTHING VAGUE ABOUT
— OUR RELATIONS —
NO CHANCE FOR A
MISUNDERSTANDING
AN EFFICIENT SERVICE ON
AN EQUITABLE COMMISSION
BASIS

"Here are the terms on which collections are made.

"Commission at the rate of 50% is charged on the first $100 of the aggregate amount collected on the within listed claims or accounts; on claims or accounts settled or collected through Magistrates, Attorneys or Legal Process; on items of $5.00 and less; on installment collections and on Outlawed Accounts.

"Commission of 25% is charged on all other collections or settlements.

"Commission is charged on all settlements made and on amounts collected, whether payments are made to Company or to Client, and on claims or accounts withdrawn or ordered dropped during process of adjustment.

"A charge of fifty cents will be entered for office filing and other expense on each claim or account, to be deducted from any money recovered under this agreement.

"*If there are No Collections, there are No Commissions.*

"When debtor makes payment direct to client, the same shall be reported by client to Company at once; and client agrees to pay all money due Company for commission or

WHOOPING COUGH



Try vaporized Cresolene for the stubborn paroxysms of whooping cough. The vapor of these cresols of coal tar is antispasmodic, soothing and antiseptic. The treatment is not disturbing to the patient and is preferably employed at night when rest is most desired.

Recommended for 50 years as a dependable remedy for paroxysmal cough and dyspnea as in bronchial asthma, catarrhal croup and whooping cough.

VAPO-CRESOLENE CO.
62 Cortlandt Street, New York City Miles Building, Montreal, Quebec

Mallinckrodt MALLOPHENE Mallinckrodt MALLOPHENE Mallinckrodt MALLOPHENE

Mallophene



ORALLY administered, Mallophene by its descending antiseptic action, removes many infections from the genito-urinary system. It has been demonstrated to have particular value in:

PYELITIS
PROSTATITIS
CYSTITIS
GONORRHEA

Mallophene is a dye of the chemical structure shown—penetrating and antiseptic—evolved by extended chemical and clinical research.

Mallinckrodt Chemical Works

Makers of the finest in medicinal products since 1867

St. Louis **Philadelphia** **Montreal** **New York**

MALLINCKRODT CHEMICAL WORKS,
DEPT. 21
ST. LOUIS, MO.

Please send me commercial size sample of Mallophene and literature.

Name ..... M. D.

Address .....

City ..... State .....

Mallinckrodt MALLOPHENE Mallinckrodt MALLOPHENE Mallinckrodt MALLOPHENE

other charges immediately upon receipt of statement thereof.

"Failure to furnish necessary evidence of indebtedness upon request will be considered instructions to drop.

"Claims not in process of adjustment will be released upon request in nine months.

"No agent has authority to alter this agreement."

Let us examine this contract and find a few of the pitfalls. In the first paragraph we find a charge of fifty per cent on about every item that would apply to collections, particularly installment payments.

When a man is unable to pay you his indebtedness before you place the account for collection, unless the claim is very small, the chances are that he will have to pay in installments. This leaves but a minimum of "other collections and settlements."

In the third paragraph we find that you must pay your commission debt before you can withdraw or drop the account. In the fourth paragraph we find that you must pay the listing charge "from any money recovered under this agreement" whether payment was made to you or to the "Company".

In italic type we see that "if there are no collections there are no commissions", but this directly contradicts the statement in paragraph three. In that paragraph commissions are charged on accounts withdrawn or ordered dropped. However, there would in such case be no collection.

Again we find that we must notify the "Company" immediately if a payment is made direct to the Client and also must remit to the "Company" immediately upon receipt of statement of commission charge.

Again, if we fail to furnish evidence of indebtedness upon request, or perhaps we postponed or overlooked so doing, our act in so doing is considered an instruction to drop and we are liable for the claim commission thereon.

Again we can not secure a release of the claim for a period of nine months, if it so happens that the claim is not in process of adjustment, and we must request the release which would or could be considered a withdrawal and subject us again to commission liability.

Under this contract, let us presume that there are three accounts amounting to a hundred dollars, and they have been collected through installment payments, possibly two payments in each account. We can be charged fifty per cent for the installment collections or \$50, 50% for the first hundred dollars, or another \$50, *and fifty cents* for each account—making a total of \$101.50 due the "Company" for collecting \$100.

Possibly the effort on the part of the "Company" for collecting the amount is worth the amount charged, but the fact remains that the creditor never thought that any such thing could or would happen to him. There have been thousands of cases where the com-

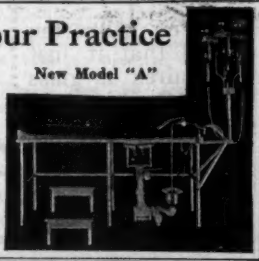
Add Colonic Therapy to your Practice

The Schellberg Apparatus is a highly scientific and professional equipment, designed to meet all requirements of asepsis and sterilization. It is flexible in its delivery and mechanism.

Models for offices, hospitals, and home use.

Send for free descriptive reprints and illustrated catalogue.

New Model "A"



SCHELLBERG
Manufacturing Corporation
172 Chambers Street, New York City

The Restless Patient

can be helped to sleep by a hot drink of Ovaltine.



AS you know, many restless patients—particularly convalescents—need a warm, nourishing drink before bedtime to help them sleep soundly.

Ovaltine is ideal for this purpose. First, it is unusually palatable. Second, it is rich in nourishment. Third, it is remarkably easy to digest.

You will often find that it just requires a glass of Ovaltine at bedtime to get the patient into that sound, refreshing sleep which is so essential.

We would like to send a regular size package of Ovaltine to your home address. We want you to know how delicious and how effective Ovaltine really is. This coupon will bring it to you.

THE WANDER COMPANY Dept. M.E. 2
180 No. Michigan Ave.,
Chicago, Illinois.

Please send me a regular size package of Ovaltine, for my personal use—without charge.

Dr. .....

Home Address .....

OVALTINE

panies have actually billed the client and recovered. A very minor act upon the part of the client breaks the contract.

It will be argued that any business or professional man who would sign such contracts is little short of an all-wool-yard-wide-nit-wit. But thousands upon thousands of such contracts have been signed by highly intelligent, but too credulous, men and women throughout this country. They believe what is told them, fail to analyze that which they sign, and fail to have ambiguous phrases analyzed by an attorney who is familiar with such matters. These people will ever be rightful prey, until they have learned to submit every contract to their personal attorney for his approval before signing. *Even then there is a possibility that the service will not be as painted by the slick canvasser.*

The following letter clearly shows the attitude taken by such agencies toward their clients:

"In reply we wish to say that you are at liberty to withdraw any of your claims from our hands, at any time, providing you comply with the terms of our contract, a copy of which we herewith enclose. From this you will observe that when hold or stop further proceedings are ordered it is agreed that full commissions will be charged on that account, and that same becomes due and payable at the office of the association.

If under the circumstances you are still desirous of withdrawing your accounts, kindly let us know and we will render you a statement of our commission due us. As we make no charge for our collections unless we are successful, we certainly can not allow our clients to withdraw their claims from our hands at any time to suit their convenience."

In many cases the creditor has paid money in the sum of from a few dollars to a thousand dollars to the agent for the privilege of signing these one-sided contracts.

Many of these contracts are

Cystogen

A URINARY *and* INTERNAL ANTISEPTIC

Because CYSTOGEN is an extremely pure form of methenamine, which yields antiseptic formaldehyde in the presence of acids, it is used with consistent success as a general urinary and internal antiseptic.

Cystogen clarifies cloudy urine, and clears up infected conditions of the bladder, urethra, pelvis of the kidney, ureter, prostrate and seminal vesicles. Its antiseptic and germicidal effect extends to all the fluid media of the body, making it valuable in practically every infectious disease.

Cystogen provides the solution to many of the problems encountered in every-day practice. If you are interested in *what it is* and *what it does*, mail the coupon for literature, case reports, and samples.

CYSTOGEN CHEMICAL CO.
220 Thirty-sixth Street
Brooklyn, N. Y.

CYSTOGEN CHEMICAL CO.,
220 - 36th St., Brooklyn, N. Y.

Please send me professional samples of CYSTOGEN.

Dr. .....

Address .....

City and State .....

Druggist's name .....

M.E. 2-30

DOCTOR, may I send your wife



a free bottle of Hires enough to make

40 BOTTLES OF HIRES ROOT BEER

I WANT you and your family to become acquainted with the beverage we've been making for over 50 years.

You'll like its delicious flavor, its distinctive taste. You'll appreciate its ingredients—it contains the percolated juices of roots, herbs, barks and berries. And it is absolutely free of habit-forming drugs, artificial color or flavor.

Hires Root Beer is so easy to make—so economical. It costs but 1½c a bottle, compared to the usual prices you pay for other fine beverages. A saving average of 90%.

More Hires Root Beer is being made today than ever before—its popularity is ever increasing.

Will you and your family please get acquainted with Hires Root Beer and compare its merits with any other beverages used in your home?

For a free, full size bottle of Hires Extract merely mail the coupon below. Kindly give home address, rather than office.

C. A. Hires Jr.

President

The Charles E. Hires Company

Philadelphia



The Charles E. Hires Company,
Dept. M
Philadelphia, Pa. 6-2-30

Kindly send free bottle of Hires Extract.

Name .....

Street .....

City ..... State .....

backed up by a several thousand dollar fidelity bond which statement is shown to the prospective "sucker". Usually a ten thousand dollar bond is used, but the "companies" are handling literally millions of dollars worth of their client's claims.

The "sucker" does not think of that. The bond usually specifies that the claim against it must be made immediately, but the client seldom knows for a year or more of his loss. Also, claim must be made within six months of the termination of the bond—which time limit the client never knows. Also, the bond provides that it may be cancelled within thirty days by written notice to the agency. The bonds usually exist, but as shown above, in reality amount only to added attractiveness as bait.

In many instances business men and professional men know intimately some local collection man or attorney, but fear to give their friends their claims to collect because of the possibility of having to pay fifteen or twenty per cent commission. Yet they "bite" for the contract of an out-of-town agency and actually pay money to be stung.

In one case in Portland, Maine, which happened a few months ago, a claim was placed in the hands of a local attorney for collection. There was an unavoidable delay in effecting the collection and the claim was withdrawn from the attorney and given to the Blank Adjustment Bureau of New York, for collection.

The company immediately forwarded the claim to a local attorney who happened to be the same attorney who had previously had the claim. Collection was effected and money forwarded to the company now employing the attorney.

A few months after this happened the client came to his attorney again, seeking to have him do something or anything to effect recovery from the company to which he had given the claim. He had signed the contract and could get nothing.

The local attorney or reliable collection agency effects the collection whether given direct to them or forwarded to them from the out-of-town agency, but the client gets his money in the one case and seldom does in the other.

Remember this: The legitimate collection agency does seldom have a contract, and very few of the thoroughly reliable ones do have!

They do business on fifteen or twenty and some times twenty-five per cent straight commission basis. The lawyer is governed by the bar rules of fee charges, and works on the Commercial Law League fee schedule in out-of-town work.

Any lawyer will gladly inform you of these rates. Any legitimate agency will likewise supply information as to rates. The average lawyer and legitimate collection agency will issue an acknowledgement list of claims received for collection and state thereon commission rates.

Do not be fooled by long flow-

Mistura Creosote Comp.
(KILLGORE'S)
Meets all the requirements of the creosote treatment in
TUBERCULOSIS
As it retards the progress of the disease, prolongs the life of the patient and aids in final recovery.
Sample and literature on request
CHARLES KILLGORE
55 West Third St. NEW YORK

Danger of Undulant Fever

?

Not If You Prescribe Dryco

Protect your patients from this wasting fever which may mean from weeks to years in a sick bed—or death. Hundreds of cases of undulant fever were discovered all over the United States last year.

Undulant fever is a milk-borne infection.

Milk is a necessary factor in the diet of adult and child.

PRESCRIBE DRYCO . . . THE SAFE MILK

DRYCO
- is free from all pathogenic bacteria!
- contains the vitamins unimpaired!
- is well tolerated and easily digested by the most delicate stomach!
- The protein is 97 per cent assimilable!

SEND FOR BULLETIN
"Some Facts Pertaining to Undulant Fever"

For convenience, pin this to your Rx blank or letterhead and mail.

THE DRY MILK CO., INC.
17 PARK ROW, NEW YORK, N. Y.

ery contracts. Never sign a contract until you know what it is that you are signing. If the meaning is not clear or the wording ambiguous, a few dollars spent for legal services will save many others and prevent long nights of worry.

There are, to be sure, out-of-town agencies that are operating on a fair basis, but the above statements will show that also there are a great many that should be avoided.

Would you trust any Tom, Dick or Harry you casually pass upon the street with a hundred or a thousand dollars in cash and have the utmost confidence that he would return it all to you—or even a part? I think not.

Your overdue accounts represent a certain amount of cash, but still they are given—GIVEN—to total strangers. Have you not personally at some time in your life thought how utterly foolish so-and-so was to invest in a sure fire get-rich-quick proposition, sold by some confidence man?

You would want to investigate the company and the individuals making up that organization thoroughly before you would even consider the matter. The same applies to the collection agencies, both local and out-of-town. You have undoubtedly seen agency after agency start business in your city and then go out of business taking with them many accounts.

There were about seven of them that did just that in the city of Portland, Maine, a city of about sixty-eight thousand population, during this past year.

A day or two of delay in placing your accounts for collection and those days devoted to a rigid investigation will make no difference in the collectability of the accounts and may save you considerable money.

Remember, the legitimate agencies and the reliable attorneys can, will and are pleased to stand the most rigid of investigations.

Clearly-Itemized Statement

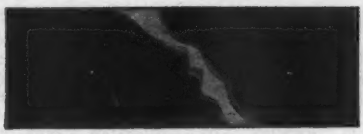
PATIENTS like to know what their doctor's bill covers, reports the St. Louis physician who uses the statement form reproduced here. Charges are itemized automatically by the ruled lines, and the schedule answers questions the patient may not express.

CONSULTATIONS, $10 TO $100
VISITS OVER TWO MILES, $5 TO $50
SPECIAL EXAMINATIONS, $5 TO $100
PROFESSIONAL COMMUNICATIONS, $5 TO $10

STATEMENTS
RENDERED MONTHLY
WITHOUT EXCEPTION

INSURANCE AND OTHER MEDICAL CERTIFICATES ARE CHARGED FOR LIKE PROFESSIONAL SERVICES, ACCORDING TO TIME CONSUMED

OFFICE CONSULTATIONS, EACH $3.00		
VISITS, EACH $5.00		
VISITS AFTER 10 P. M., EACH $10.00		
VISITS OVER TWO MILES		
SPECIAL EXAMINATIONS		
CONSULTATIONS		
INSURANCE CERTIFICATES		
PROFESSIONAL COMMUNICATIONS		



A Natural Aid to the SLUGGISH BOWEL



THERE is a growing tendency among physicans to seek more natural aids in the treatment of constipation than unsatisfactory laxative drugs.

In addition to the careful regulation of diet, provision of adequate bulk and lubrication are conceded to be of prime importance.

It was natural, therefore, for interest to center on the peculiar properties of the seeds of the plant (plantago psyllium) recently made available for use under the name

Psylla

The action of Psylla in the intestinal tract is purely mechanical. On coming in contact with moisture, it swells to a jelly-like mass, giving a bland, bulky, lubricated residue in the intestine—a great aid to the treatment of constipation.

The combined use of Psylla and Lacto-Dextrin (Lactose 73%—Dextrin 25%) affords a most natural method of combating intestinal toxemia and putrefaction by changing the flora.

Let us send you complete literature and free trial packages for test.

The
BATTLE CREEK
FOOD COMPANY

Dept. ME-2, Battle Creek, Mich.

Send me, without obligation, trial tins of Lacto-Dextrin and Psylla, also copy of treatise, "The Intestinal Flora."

NAME (Write on margin below.)
Address

At the "Table" of Mahmut Effendi

Continued from Page 23

moned, ceremoniously introduced, and highly recommended.

Each doctor would recount his own training and skill, and his particular experience with the precise ailment from which the patient undoubtedly was suffering. The customer was usually a relative or near friend, the patient being at home. Hence our diagnoses were made at long range and based entirely upon the messenger's statements. Not infrequently we would disagree. For example, after Hagopian had prounounced a case as one of typhoid fever and proudly referred to his having cured twenty similar cases in recent months, I would stubbornly insist that clearly it was intestinal obstruction in the treatment of which I was an adept. As likely as not the other two would agree with us both in part, and supplement this with their independent opinions.

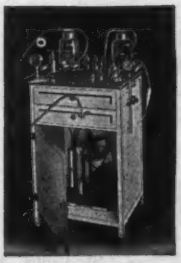
By this time the layman had a very hazy idea as to what was the matter with the patient, but was fully convinced that it was something awful and required the ministrations of a medical man without delay.

We had now arrived at the bargaining stage. One would modestly intimate that he would make no unnecessary visits and that his fee was forty Turkish piasters for each visit. In those days this amounted to about $1.75, American money. This was a rate which we always hoped to receive, but we were all quite willing to accept employment on a much lower scale.

Starting with this figure, each doctor would advance more or less specious reasons as to why he could render the required service for a lesser fee. Invariably Joannides would assert that the fact (which was rarely a fact) of having other patients in the same locality would warrant a reduction. Whenever the prospective patient was a Turk, I, of course, based my financial concessions on that score.

The layman took very little part in these proceedings. It was quite unnecessary that he do so. He stood on the side lines, as it were, and listened to the doctors bring about a gradual reduction in the cost of the proposed service.

Many of these occasions are still quite fresh in my memory. Particularly, I recall the instance of the illness of a grocer's son. The father had called at the



The
ROCHESTER
ETHER VAPOR & SUCTION APPARATUS

PRESSURE

The sturdy pump quietly delivers a steady stream of air for all spraying or blowing operations. Escape valve and gauge permit regulation.

SUCTION

A powerful suction pump, properly safeguarded, insures against clogged lines. Suction bottles are of extra large capacity to prevent overflow.

The Max Wocher & Son Co.
Surgical Instruments and Supplies
29-31 W. Sixth St., Cincinnati, O.

Who is your Patient?

A MAN or woman? Adult or child? A very necessary question when you prescribe a remedy for constipation—unless it is Agarol the original mineral oil and agar-agar emulsion with phenolphthalein. Then you need to give thought only to the dose. And that is simple. Begin with a tablespoonful for adults and a teaspoonful for children, at bedtime. Reduce the dose as improvement takes place.

No excess of mineral oil to make adjustments of the dose necessary. An emulsion as fine as it can be made that mixes thoroughly with the intestinal contents, carries unabsorbable moisture to them and makes evacuation easy and painless.

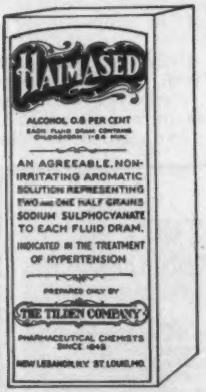
Besides, it *gently stimulates* peristalsis, and thereby makes the result certain and reeducation of the bowel function possible.

One tablespoonful at bedtime—is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package, with literature for trial.

AGAROL *for Constipation*

WILLIAM R. WARNER & COMPANY, INC., 113 West 18th St., New York City



HYPERTENSION

Successfully relieved with

HAIMASED

(TILDEN'S)

An agreeable, non-irritating aromatic solution representing 2½ grains Sodium Thiocyanate to each fluid dram.

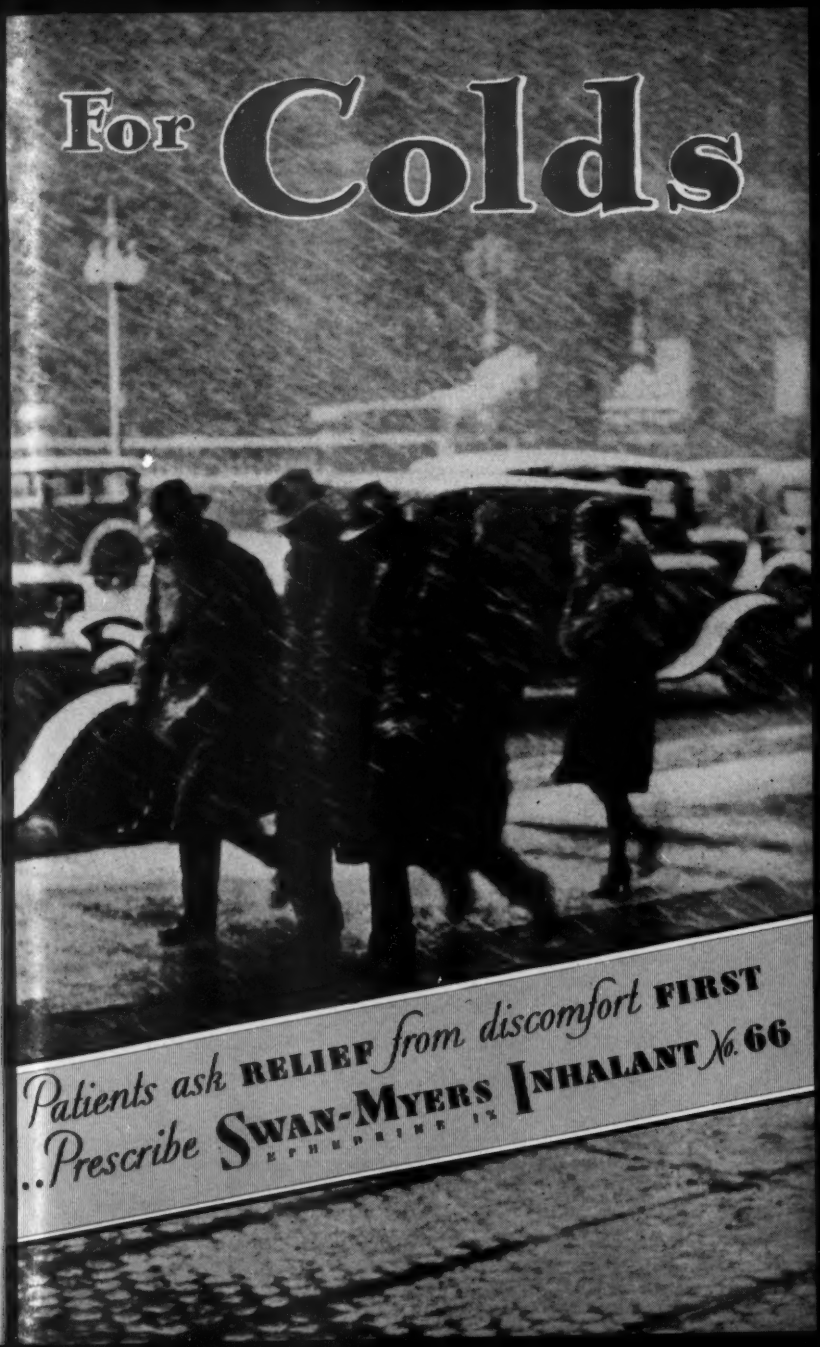
(Sample and Literature to Physicians on Request)

Prepared only by

THE TILDEN COMPANY

Pharmaceutical Chemists since 1848

New Lebanon, N. Y. St. Louis, Mo.


For Colds
Patients ask RELIEF from discomfort FIRST
..Prescribe SWAN-MYERS EPHEDRINE 1% INHALANT No. 66

Opens the Nasal Passage
quickly . . . Relieves Stuff
Congested Breathin

. . . without

Causing
Congestive Reactions

SWAN-MYERS Ephedrine Inhalant, No. 66, sprayed or dropped into the nose, brings prompt, pleasant and prolonged relief from the nasal congestion of colds and coryzas. This *modern* Inhalant mildly contracts capillaries, reduces swollen turbinates, diminishes hyperemia, and coats the inflamed surfaces with a soothing film of light mineral oil. This relief usually lasts for several hours. The use of Swan-Myers Inhalant, No. 66, *is not followed by irritation and congestive reaction such as often accompany the use of other solutions used for contracting capillaries* . . . Use Swan-Myers Inhalant, No. 66, as a finishing spray following nose and throat treatments. Prescribe it to keep cold and coryza patients comfortable between office treatments.

Write **SWAN-MYERS IN**



Return the Card for Complimentary Bottle as Illustrated

Available at All Dealers

Swan-Myers Inhalant, No. 66, is stocked for your prescriptions and orders by all prescription pharmacies and dealers in medicinal products. One-ounce and 1-pint bottles. Make certain that your patients receive the original irritation-less inhalant, by writing "Swan-Myers" and "No. 66" on every Ephedrine Inhalant prescription and order.

HALANT *No.* 66 *on your Ephedrine Inhalant prescriptions and orders . .*

Prescribe these

Swan-Myers

EPHEDRINE HYDROCHLORIDE PRODUCTS

Your Druggist Stocks Them

3/8 gr. Capsules, No. 626, bottle of 40	$ 1.50
3/8 gr. Capsules, No. 626, bottle of 500	14.00
1/2 gr. Capsules, No. 627, bottle of 40	1.90
1/2 gr. Capsules, No. 627, bottle of 500	19.50
3/4 gr. Capsules, No. 628, bottle of 40	2.35
3/4 gr. Capsules, No. 628, bottle of 500	25.00
3% Solution, No. 33, 1-ounce bottle	1.00
3% Solution, No. 33, 1-pint bottle	10.00
Ampoules 3/4 gr., No. 91, box of 1/2 dozen 1 cc	1.40
Nasal Ointment, 1%, No. 6, 1 dozen 1/2-ounce tubes	5.00
Swan-Myers Ephedrine Inhalant, No. 66, 1-ounce bottle	.95
Swan-Myers Ephedrine Inhalant, No. 66, 1-pint bottle	10.00

Syrup Ephedrine Hydrochloride, No. 162.
Each fluidrachm contains:
Ephedrine Hydrochloride . . . . . 1/8 gr.
Especially useful for treating fibrinous bronchitis and whooping cough in children.

In 4-ounce bottles	per dozen $7.20
In 1-pint bottles	per pint 1.90

Syrup Ephedrine Hydrochloride (Double Strength), No. 163.
Each fluidrachm contains:
Ephedrine Hydrochloride . . . . . 1/4 gr.

In 4-ounce bottles	per dozen $9.00
In 1-pint bottles	per pint 2.80

SWAN-MYERS COMPANY

Pharmaceutical and Biological Laboratories

INDIANAPOLIS, U. S. A.

PRINTED IN U. S. A.

chemist's for medicine for his son's headache. Although Mahmut Effendi usually sold powders in such cases, he ventured to suggest a physician. After prolonged negotiations, the father finally agreed to take me on the basis of about fifty cents, American, a visit, the number of visits not to exceed two. He had constantly referred to his son as his "little boy," and I had concluded that the youngster probably had a slight bilious attack.

As we reached the family dwelling the front door suddenly opened and there stood the "little boy." He was about twenty years of age and weighed ninety kilograms or about two hundred pounds. One look was enough to convince me that he was maniacal with pronounced homicidal tendencies. The father literally faded into space, and for the briefest possible fraction of time the son and I faced each other.

In that instant I realized that he held a knife in each hand. I was a good sprinter, and yielding to impulse, turned and ran. He was after me from the start, and as a runner he might have won medals. A long coat and instrument bag somewhat retarded my speed, but this was offset by the fact that my pursuer was carrying excess weight and had spent some of his energy in breaking furniture and crockery just previous to my arrival.

As ill luck would have it, we were running toward the pharmacy and from the window our approach was observed. I dared not slacken speed to make for the doorway in which stood my colleagues convulsed with laughter. Another quarter of a mile and I realized that I was gaining a slight lead.

Then an awful thing happened. In rounding a corner I stumbled and fell full length! Instantly the other man was towering above my prostrate form. I anticipated the knife thrusts and even now can recall wondering whether he would be content to stab me or would proceed to slice portions of my anatomy.

I had not taken into account the lightning speed with which a manic depressive patient may change his whims. Leaning over me and in the kindliest of tones he asked that I honor his family by eating dinner at his home. No invitation was ever accepted with more alacrity.

As we started for his house, I remarked that I was an expert carver and craved permission to

The Needy President

Reported by Lawyer Hayward



"HERE'S $3,000 that I want you to loan for me on approved security," the doctor announced.

"X wants to borrow $2,500," the bank president suggested.

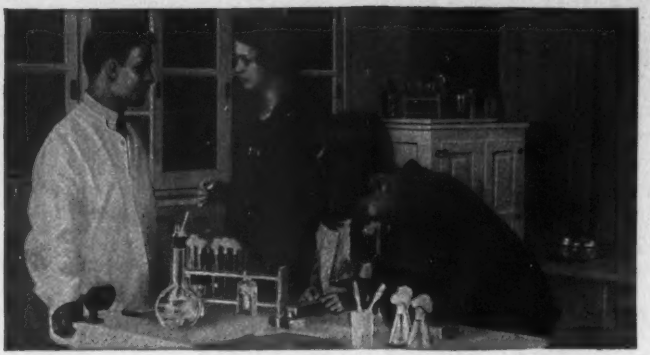
"I have no doubt that he will take the whole $3,000," the cashier added.

"That'll be quite satisfactory," the doctor agreed.

X did not take the money, however. Possibly the bank did not exert itself in placing the loan, but, without consulting the doctor, the money was lent to the president on his personal note; the president entered the popular and populous state of bankruptcy, and the doctor sued the bank.

"We had no authority to act for a customer in placing private loans," the bank contended.

"Even if you had no authority to take the money, you took it, to be placed on approved security, so I'm entitled to have the money placed that way or returned to me," the doctor reterted, and the Illinois Supreme Court ruled that the bank was bound to make good the resulting loss.



Why an Antiseptic-Foaming Dentifrice?

WHAT KOLYNOS SAYS TO THE PUBLIC

No. 6

"Test this amazing Kolynos Antiseptic Foam that gets astonishing results—quickly restores teeth to their natural, gleaming whiteness by removing Bacterial Mouth."

"There is no dentifrice like Kolynos. Its double strength remains in suspense until it enters the mouth. Then, as it mingles with saliva, it multiplies 25 times and becomes a surging foam. This foam penetrates every crevice, pit and fissure. It kills germs and neutralizes acids that cause decay."

"Gently and easily it removes stain and ugly yellow from the teeth—quickly restoring them to their natural, gleaming whiteness."

KOLYNOS is a concentrated dental cream which mixes quickly with the saliva without the slightest interference with its reaction, secretion or ferments. The soap, combined with a group of antiseptic ingredients in Kolynos, causes it to whip instantly into an active foam which loosens and dissolves the bacterial plaque, while the fine precipitated chalk polishes the enamel without danger of abrasion.

Its antiseptic properties have particular significance among dentists who are familiar with the formula and action of Kolynos, as recent investigations have shown that the destruction of microbic flora and the neutralization of their acids are the primary essentials in checking decalcification of the enamel.

Kolynos not only neutralizes the acids formed by mouth bacteria but reduces the oral flora 80 to 92 percent with each brushing. Therefore, it may be used safely by the patient, as an excellent adjunct to the dentist's efforts in restraining the growth of mouth bacteria and to keep the teeth and mouth in a clean and sanitary condition between visits to the dentist.

May we send you a Physician's Package?

THE KOLYNOS COMPANY
NEW HAVEN CONNECTICUT

carve the meat. This, of course, would have been a most unusual request for guest to make, but, as I must remind, this was an unusual occasion.

The effect was precisely as I had dared to hope, for he promptly acquiesced and handed me the two knives so that I might be prepared.

The family and many neighbors had seen the beginning of my flight, and it had been witnessed by others as we proceeded. Our return may well be described as a parade. The patient and I walked at the head, he chatting merrily and I carrying the knives. We were followed by what appeared to me to be all the inhabitants of the town.

It seemed that the curve in the roadway had prevented my fall being seen. The populace knew that I was being chased by a wild man brandishing murderous weapons, and that from that chase I returned carrying the weapons, the other man, quite miraculously, being calm and good natured.

That afternoon I accompanied the patient to one of the coast towns where there was a hospital for mental cases. I felt certain of my revised diagnosis—manic depressive—and that the patient would clear up in a reasonably short time. That is exactly as it turned out.

The news of that case spread with a thoroughness that is almost unbelievable. I was proclaimed as a "doctor of the spirit," which is the way that the people of my country still refer to the psychiatrist.

I left my seat at the table of Mahmut Effendi and opened my own office in a private house. All my spare time was spent in reading the best medical works on nervous and mental diseases. Eventually I moved to one of our largest cities. Often I think of the table in the chemist's shop, and often indeed I am thankful that I won out in the competition for the case of the grocer's "little boy."



Happier Invalids

Hundreds of invalids, aged persons and those afflicted with lameness or heart trouble have been made happier through the installation of Sedgwick Invalid Elevators as suggested by their physicians.

"I am very happy with my elevator," writes one patient referred to us by her physician.

Write to Sedgwick Machine Works, 159 West 15th Street, New York, for illustrated Booklet No. 153, which tells all about the

Sedgwick Invalid Elevator



SEDGWICK
Dumb Waiters - Elevators
FOR ALL PURPOSES

Samples for clinical purposes on request.



When Salines are indicated, think of Sal Hepatica— *the Standard for* 34 *years*

EVERY year Salines increase in favor for flushing the intestinal tract and promoting internal cleanliness. And medical opinion favors the less drastic type which does not create a condition of tolerance. Since 1895 Sal Hepatica has been the standard effervescent saline for this purpose.

It is also the ideal preparation for use as an alkaline. It is palatable, reliable, prompt in action and in every way a preparation worthy of the physician's recommendation.

Sal Hepatica

BRISTOL-MYERS CO., 75M West Street, N. Y. C.

Diabetic Cost-Cutting

Cont. from Page 21

and hospital facilities at the command of the physician, beginning with books for the patient who can just about read a newspaper. There will be little dispute as to which book belongs at the foot of the ladder, though opinions will vary somewhat from there up.

A Book for Us Diabetics: Duffie: Us Diabetics, S. Lancaster, Mass. $1.50.

A Primer for Diabetic Patients: Wilder: Saunders Co., Phila. $1.50.

Instructions to Diabetic Patients at the Wisc. Gen. Hosp. Sevringhaus: Chicago Diabetic Supply, fifty cents.

The Diabetic Life: Lawrence: Blakiston's, Phila. $2.50.

The remaining two seem to be very closely in the same cultural class:

Diabetic Manual: Joslin: Lea & Febiger, Phila. $2.00.

Diabetic Manual: John, Mosby Co., St. Louis. $2.00.

To read any of the books that he can understand will give the patient quite a notion of what it is all about, why the no-diet "cures" are all hokus, and why it will pay him to be having treatment, even though his diabetes doesn't bother him much (as yet). The different books will also give the diabetic pilgrim varying amounts of help along his lone pathway, and he can use quite a bit of help.

Testing his own urine is the first and most important step in the patient's education. He must do his own Benedict tests, and do them often. With results of these tests staring him inexorably in the face, he is going to see more or less cause-and-effect in his eating, so that even the qualitative diet (*not* eating this and that) often proves entirely successful where it had been flat failure without the daily testing.

Economics obtrude here also. Instead of using a whole teaspoonful of Benedict's for a test, with six drops of urine, let him use twenty drops of reagent with one of urine. The difference often amounts to dollars in a year—not despised by the frugal.

The weighed diet is surprisingly more effectual than the "Don't eat that" diet.

If sugar persists in spite of the qualitative diet, remember that the difference between qualitative and quantitative diets is enormous, as Dr. Lawrence says. Newburgh finds about three out of four diabetics can be kept sugar-free by the weighted diet alone, without insulin. (All diabetic *children* need insulin). The computation of this individual quantitative diet has been made a terrifying piece of mathematics, yet, heretical as it may sound, calculations may all be ditched and for any adult a skeleton menu arranged, to furnish a daily fifty grams of protein, fifty to a hun-

FOR INSOMNIA

An ideal agent, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects.

BROMIDIA

(BATTLE)

With a minimum dosage a full sedative influence is exerted.

BATTLE & CO. **Chemists' Corporation, St. Louis, Mo.**

Patient Types . . .

The Obstinate Case

The patient with an obstinate case of constipation is generally addicted to self-medication and "tries everything." Each bowel-whipping cathartic simply drives the tired bowel from bad to worse.

The doctor knows it is possible to restore the normal daily "habit time" of bowel movement by appropriate diet, exercise and the mechanical aid afforded by Petrolagar.

Petrolagar is more palatable, more thoroughly softens the feces, is less likely to leak and, having no deleterious effect on digestion, is prescribed in preference to plain mineral oil.

Petrolagar



PETROLAGAR LABORATORIES, Inc.,
536 Lake Shore Drive,
Chicago Dept. M. E. 2

Gentlemen:—Send me copy of the new brochure "HABIT TIME" (of bowel movement) and specimens of Petrolagar.

Dr. .....

Address .....

.....

dred carbohydrate, with fat, q.s. —enough to maintain the patient's weight at a boyish figure! Convenient, workable lists of *substitutions* on such basic menu make for wide variety, without error, brain-fag, or perplexity.

And this wide variety in diet is of tremendous importance. Any diabetic can *start out* bravely on a diet, but if his menu be too restricted, he is usually going to become so sick of eating the same things every day, that he never wants to see any of them again. The last state of that man is worse than the first.

This flexible diet also permits economy. For instance, in homes where even milk is luxury, a menu calling for head lettuce and whipping cream every day in the year is h e a r t l e s s absurdity. Greens are greens, fresh or canned. Home-grown cabbage, spinach or c h a r d (dear old chard), tender, sweet and luxurious from May till Thanksgiving, even in the North, can replace hot house lettuce with economy, not to say convenience, in small communities.

"77" salad oil is cheaper than cream, and less perishable. Made into French Dressing or Mayonnaise, it is more pleasant to eat on the diabetic's plethora of vegetables than is either cream or butter. The menu usually specifies considerable butter, but vegetable margarine costs only half as much, and Hindhede has shown it to be a god substitute. One protein economy to be mentioned is cottage cheese, an excellent protein costing nothing on the farm while an acceptable protein convenience is the Lister muffin, approximate equivalent of an egg.

The weighed diet is simpler and safer than the measured. However, one frequently meets reluctance to buy scales for the weighing of food. It is of course possible to measure instead, with slices cut to architectural dimensions, or uncertain amounts crammed into divers cups and spoons, but this needs supervision of a real dietitian.

(Turn the Page)

Your Feminine Patient

appreciates your consideration of her convenience, disposition and prejudices.

Vaginal hypersecretion irritation or inflammation l e u c o r r h o e a, relaxation or t i s s u e, ulceration, endocervicitis, cervical erosion all common feminine ailments, often require treatment between the intervals of office visits.

MICAJAH'S MEDICATED WAFERS

are astringent, decongestive, antiphlogistic, tissue toning, soothing, easier to use than the fountain syringe, more effective often than the vaginal douche.

MICAJAH'S SUPPOSITORIES

shrink pile tissue, stop bleeding, soothe pain.

Sample and literature on request.

MICAJAH AND CO.
191 Conewango Ave.
Warren, Penna.

National Medicinal Products

AMPYDIN

(Amidopyrine-National)

AMPYDIN meets the need for a dependable non-narcotic analgesic and antipyretic which is effective, yet relatively free from undesirable by-effects.

Supplied for convenient dispensing in crystals, tablets and capsules.

Trial sample and literature on request.

Pharmaceutical Laboratories

National Aniline & Chemical Company, Inc.

40 Rector Street, New York, N. Y.



Diet scales are all metric, which is no cause for alarm. The user merely reads ordinary figures and says "grams," not a hard word! Scales cost all the way from one dollar to seventeen fifty, perhaps the cheapest serviceable one being the Pelouze, direct from the Chicago factory at $3.75, plus postage. If all appropriations are lacking, the patient might make his own, as shown elsewhere, or his doctor can work the Dryco people for one of their neat little 60 gram scales, gratis. This can be used if need be, as servings larger than 60 grams are of foods requiring little accuracy, and may be guessed at.

Three out of four diabetics can keep sugar-free without insulin, by weighed diet alone. As for the unlucky Other One who cannot, he may be given his choice between insulin now, or embalming fluid a little later! Keeping sugar-free is the least of our necessary demands, and must be insisted upon: more insulin may be necessary than barely enough to prevent glycosuria.

Many doctors, however, think their diabetic must be sent to a clinic to have his insulin dosage figured out, and of course every possible patient should be urged to go, if only for the inspiration he will receive.

But as for insulin dosage, that may be determined from Lincoln's well known formula for computing proper length of legs—long enough to reach from the body to the ground! Insulin enough to reach from a weighed diet to a sugar-free urine, and a little more, is right. In the absence of acidosis symptoms there is no hurry. We can start with five units a day, adding four or five per day till sugar-free: it is a matter of cut and try at the clinic, also.

Slap-dab use of insulin—without weighed diet—is not only disappointing but vicious. Insulin with accurate diet is a miracle-worker. New "insulin-substitutes" are announced occasionally, but the consensus is that when insulin is needed, substitutes won't do. Neither will stunt methods of giving insulin, to dodge the needle.

The advertised diabetic foods are unnecessary. Many of them are pleasant enough, but they all are luxuries. If there is a better diabetic flour than that ground at home on the old coffee mill, from fresh-roasted soy beans, at seven cents per pound, we have yet to find it. Nor is this to be confused with the sad, rancid mess of the raw-bean taste, too often sold as soy flour.

As Dr. Sevringhaus says, much the cheapest sugarless canned fruit is the water-pack, pie-fruit sold by the big grocers like John Sexton, Chicago, in gallon cans, often cheaper than fresh fruit locally.

As a final saving, one should figure the patient's earning capacity, also the interest on his funeral expenses, during all the years that untimely event may be deferred and postponed by the simple trick of keeping his sugar under control!

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Tours *and* CRUISES



for Physicians and Patients

(The items in this department are published as a service to readers and without charge to anyone)

Sunshine Booklet: You can almost get a tan just reading this sun-streaked booklet about St. Petersburg. It is full of facts about climate, sun-bathing facilities, and everything else the prospective traveler to Florida wants to know. Copies are offered by M. S. Deaderick, Chamber of Commerce, St. Petersburg, Fla.

* * *

Comments on Alaska, Atlin, and the Yukon: A 24-page collection of extracts from letters written by travelers over the White Pass and Yukon route. Nearly as good as a travel lecture. Write: White Pass & Yukon Route, 2049 Straus Building, Chicago, Ill.

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Travel in India: Sightseeing at its best, from Madras to Khyber Pass, with a schedule of Hindu, Mahomedan, and Parsi festivals. Write: India State Railways Bureau, 342 Madison Avenue, New York City.

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Literature on Southern Resorts: The Illinois Central has some worthwhile booklets on a dozen or so sunshine resorts reached over its lines. They make good reading, whether you are going yourself, or sending patients, or both. Write: J. V. Lanigan, Illinois Central System, 501 Central Station, Chicago, Illinois.

* * *

The Ideal Cruise: This is an 88-day trip to the Mediterranean, the Holy Land, and the Passion Play, scheduled for next summer. For the folder write: Simmons Tours, 1328 Broadway, New York City.

* * *

Winter Circle Tours: A booklet-itinerary of winter land tours from the middle-west to California and return. Write: D. M. Wootton, Rock Island Travel Service Bureau, 1714 La Salle Street Station, Chicago, Ill.

* * *

Land Cruises: The three tours described in this booklet cover western England, Shakespeareland, and wild Wales. The traveling is done by train and bus. For the booklet, write: Great Western Railway of England, 505 Fifth Avenue, New York City.

* * *

The Stockholm Exposition: Very modernistic in design is this circular on the 1930 exposition of

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"A VOYAGE is as interesting as the people you meet"—And the Dollar World Liner that takes you to California gives you—not only glorious days of luxury—but the fascinating society of many Round-the-World travelers. First-Class cabins are available to California on these famous World-Liners entering Boston, New York and bound Round the World. Noon to midnight in gay Havana!

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177 STATE ST., ... BOSTON, MASS.	152 BROADWAY . . . . PORTLAND, OREGON
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Swedish arts and crafts and home industries. May to September are the months. The folder can be obtained from the Swedish State Railways, 551 Fifth Avenue, New York City.

* * *

Pictorial Yellowstone: This folder is practically all photographs but well worth having. The Northern Pacific puts out a whole set of them on western scenery. From: Northern Pacific, 5th & Jackson, St. Paul, Minn.

* * *

Travel Map of Europe: This, when unfolded, covers several square feet and copies may be obtained from the International Mercantile Marine Company, One Broadway, New York.

* * *

Cruise to California: You can now take a round-the-world liner from Boston or New York, sail to California, and return by train—all at special rates. Literature telling about it is offered by the Dollar Steamship Line, San Francisco, Cal.

* * *

West Indies Cruises: Six winter cruises on the Red Star Liner Lapland, visiting Havana, Nassau, and Bermuda. The folder is elaborately illustrated. For a copy write: The Red Star Line, One Broadway, New York City.

* * *

Eastern and Highland Norway: A pictorial folder and list of tours issued by the Norwegian Government Railways Travel Bureau, 342 Madison Ave., N. Y.

* * *

Take Your Car to Hawaii: The good roads throughout Hawaii today make this little circular doubly interesting. It gives all the details on how to arrange shipment, and so on. Write: The Matson Line, 215 Market Street, San Francisco, Cal.

* * *

Travel: This is about the size of the Literary Digest, and is a regular catalog of tours and cruises. Write: George E. Marsters, Inc., 248 Washington Street, Boston, Mass.

(Turn the Page)



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Write us please for complete information about the cruise most interesting to you.

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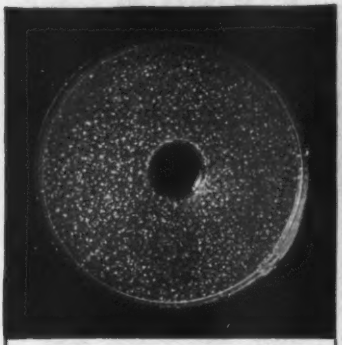
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INTERDIGITAL RINGWORM IS EPIDEMIC

Laboratory tests suggest method of control for "Athlete's Foot"



Growth of Ringworm Organism Unchecked

Agar + 10% blood serum Trichophyton rosaceum (ringworm).



Inhibited Growth of Ringworm Organism by use of Absorbine Jr.

Agar + 10% blood serum Trichophyton rosaceum (ringworm).

"More than half the boys have ringworm of the toes when they finish high school."

. . . Dr. R. Legge, in Journal of American Medical Association

"Probably half of all adults suffer from ringworm at some time."

. . . Surgeon General, U. S. Public Health Service

THESE statements from authoritative sources tend to show that interdigital ringworm, commonly called "Athlete's Foot", is practically epidemic.

As a guide to antisepsis in ringworm cases, these laboratory tests are informing. The antiseptic (Absorbine Jr.) inhibits the growth of ringworm organism (trichophyton rosaceum) to a distance of 1.3 centimeters from the cup in the petri dish. The laboratory reports, "No action on the blood serum." Thus it is harmless to tissues. Only 0.1 c. c. of the antiseptic was used. In further tests, 0.3 c. c. and 0.5 c. c. completely stopped the growth of the organism.

Here then, is a safe antiseptic with a known effectiveness against interdigital ringworm, or "Athlete's Foot", as the people now call it. Doctors will find it available at all pharmacists. A sample will be sent on request. Address W. F. Young, Inc., Springfield, Mass. At all druggists'—$1.25.

Absorbine Jr.

The Historic Line: A folder about the Potomac and Chesapeake Bay Service of the Norfolk and Washington Steamboat Company. Their address is: Seventh Street Wharf, Washington, D. C.

* * *

Lake Tayho: A folder describing a trip through the Yosemite region, of which Lake Tayho is one of the high spots. From Southern Pacific Line, 33 West Jackson Blvd., Chicago, Ill.

* * *

Grand Canyon Outing: Some of the most thrilling trail rides in the world are described in this photographic folder which comes from Santa Fe, 179 W. Jackson Ave., Chicago, Ill.

* * *

The Historic Hudson: On one side is a quaint map of the Hudson country and on the other side is a description of the Hudson River Day Line Service. Write: Hudson River Day Line, West 42nd St. Pier, New York.

* * *

South America: A list of sailings and passenger fares between New York and ports on the west coast of South America. From: Munson Steamship Line, 67 Wall St., New York.

* * *

Pacific Lines: Describing a service to Europe, South America, and the West Indies. The folder comes from: Pacific Steam Navigation Company, 26 Broadway, New York.

* * *

Along the Picturesque Potomac: The geography, the history, and the pictures in this folder make it worth having. It comes from: The Baltimore and Ohio Railroad, Baltimore, Md.

* * *

Visit Spokane: This is one publication in a list offered by the Spokane (Wash.) Chamber of Commerce. Other titles in the series are "A Farm Home For You," "Spokane—A College City," "The Greeters Guide," "The Scenic Lure of Spokane," "The Climate of Spokane."

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Inflammation,
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A department whose purpose is to help physicians keep in touch with current literature and samples

Radiogen Tablets: A concise circular on Radiogen Tablets for internal radium therapy has been published by Akatos, Inc., 114 Liberty Street, New York City.

* * *

Samples of Carter's Infants' Wear: The Wm. Carter Co., Needham Heights Station, Boston, Mass., is offering samples of their infant garments, sample swatches of the material, and a price list of infants' wear. In writing them, specify what type of garment you want a sample of.

* * *

Uviarc Sun Lamp: A folder telling about the special advantages of this product (which bears the General Electric trademark) has just been published. Write: Cooper Hewitt Electric Co., 410 Eighth Street, Hoboken, N. J.

* * *

Dryco: Some interesting clinical data has been prepared showing the bacterial count of Dryco as compared with the best certified milk. Write: The Dry Milk Co., Inc., 17 Park Row, New York City.

* * *

Shannon Lodge: This is a descriptive booklet of a New Jersey sanitarium that specializes in the treatment of the rheumatic group of diseases. Write: Transkutan Sanitariums, Inc., 8 West Fortieth Street, New York City.

Kutnow's Powder: Samples and literature of this product are offered by Walter Janvier & Co., distributors in the United States. Their address is 121 Varick Street, New York City.

* * *

Blood Chemistry Handbook: Just off the press, this publication contains valuable data on the most recent methods of Blood Chemistry and its clinical application. A complimentary copy may be had by writing the LaMotte Chemical Products, 430 Light Street, Baltimore, Md.

* * *

Sanmetto: Literature on the use of Sanmetto in Gonococcal Arthritis and Cystitis has recently been issued by the Od Chemical Company, 61 Barrow Street, New York City.

* * *

Miami Solarium: A booklet describing this new solarium, called Florida's first sun-ray institution, is offered by the Miami Solarium, 125 S. W. 30th Court, Miami, Fla.

* * *

An Inventory of Vital Assets: This well-prepared booklet tells the story of the Battle Creek Sanitarium. The numerous illustrations alone make it worth sending for. Write: The Battle Creek Sanitarium, Battle Creek, Mich.

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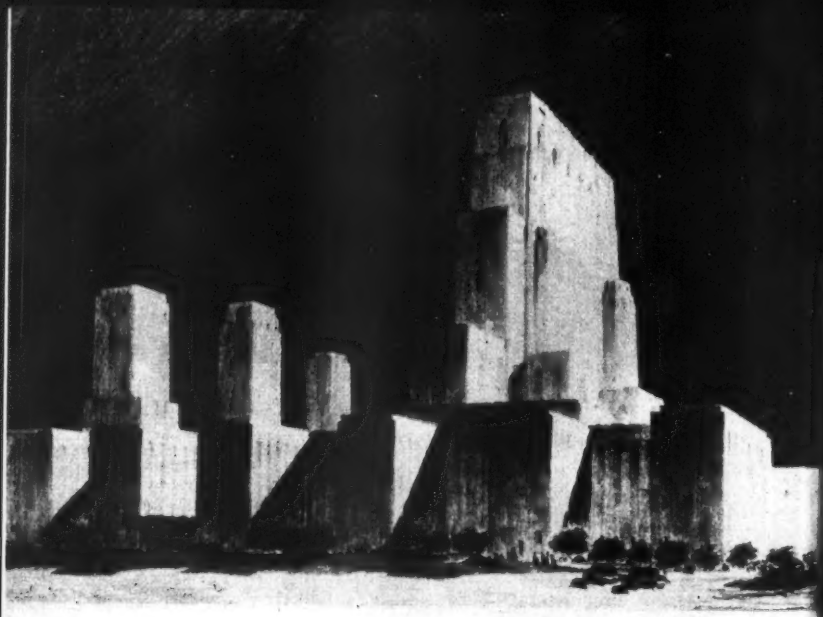
The BAY COMPANY, Bridgeport, Conn. M. E. 2

Gentlemen:—Kindly send free sample kit of Bay Products.

Doctor.....

Street & No.....*City*.....*State*.....

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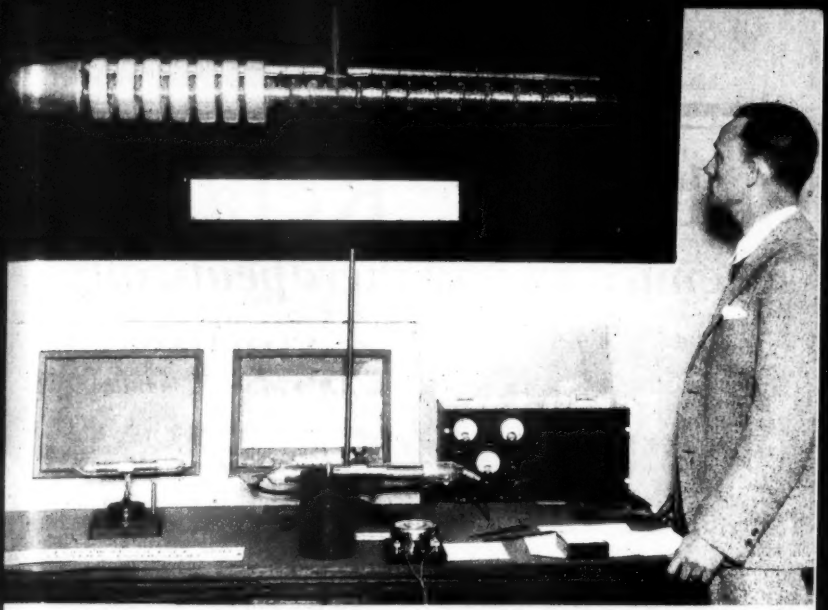


Another great medical center, to have residence towers for 1000 nurses, is planned for the East Side of New York, by the New York Hospital-Cornell Medical College Association.

Surgeon, assistants, and patient in this operating room are all made of wax. It represents Gandhi's recent operation, and was done by Phadke, Bombay sculptor. A motor makes the lungs rise and fall.

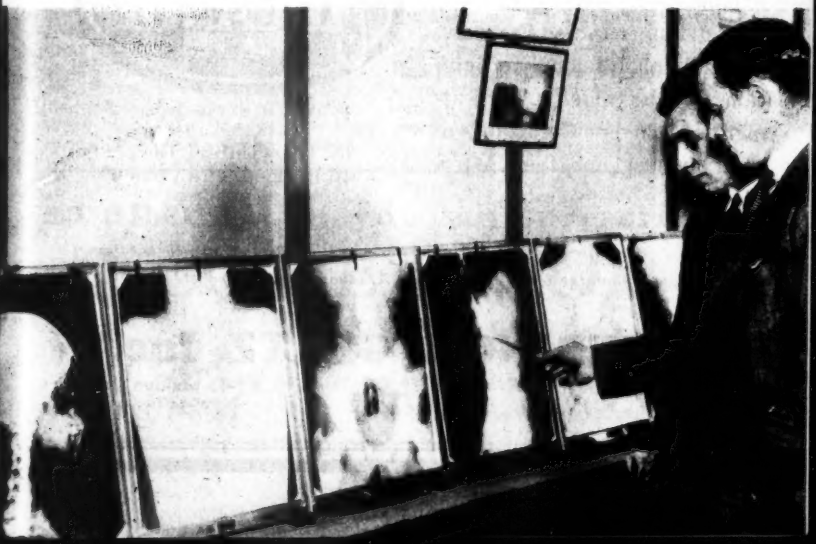
(Photo by William Thompson)





High-powered X-ray tube developed by the Carnegie Institute and displayed in Washington. The tube consists of a number of tubes connected in series and has withstood operation under 1,600,000 volts.

The apparatus which made the radiographs shown below (1/20 second exposure) is called the most powerful shockproof X-ray in the world, and was on exhibit recently at the British Institute of Radiology. *(Photos by Underwood & Underwood)*



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Leaves from the Diary of a Physician's Wife

Continued from Page 27

end of the line is in real trouble, crying for help, then my response must be quite different from that to the lazy, selfish patient who cadges his treatment over the wire, and has no compunction about calling the doctor away from study or repose. And very often the fellow who yells the loudest isn't the one most in need of the doctor, either.

April 17

Bob was sore tonight because a friend of mine called me up during office hours, and he had to stop consulting with his patient to give me the message. But I tell him that helps to pay for some of the times I've had to hop up from the table to answer the phone during meal times for him. I guess we'll have to get an extension telephone put in—but where? I'd need one in the bed-room, the dining-room, even in the cellar.

April 18

No secrets from the family physician! Bob referred a patient to a specialist the other day, and received a note in this morning's mail, which I opened as I open all mail for us. The patient under consideration is one of the few wealthy ones on Bob's list, very pompous, beautifully dressed, with a chauffeur, in fact everything. In his report the specialist says he found "a well-nourished female with artificial upper teeth—and an abdomen fat and parous—" I saw that much before I realized it was a private report, meant only for the doctor's eyes, and handed it over to Bob.

I dared Bob to show the letter to Mrs. deV—the next time she came. I know she wouldn't recognize her description.

Sunday, April 20

Bob came home last night with that exultant little-boy look he still wears sometimes, although usually he's the harassed young family physician with the cares of the neighborhood on his shoulders. "Well," he said, as I opened the door for him (he never will remember to take his latch key, and besides he likes to have me meet him in the hall)—"the Bartlett baby is out of danger at last. Let's celebrate."

That baby has given Bob more than one sleepless night; it has been sick for a month and a couple of times I knew he almost gave up hope. So of course I was glad with him, especially when he added that he'd bought tickets for the theatre. We haven't been to a good show for ages. So I stacked the supper dishes while Bob polished off two patients who were waiting, and then turned out all the lights in the waiting room as a sign office hours were

(Turn to page 136)

Eventually! you will prescribe

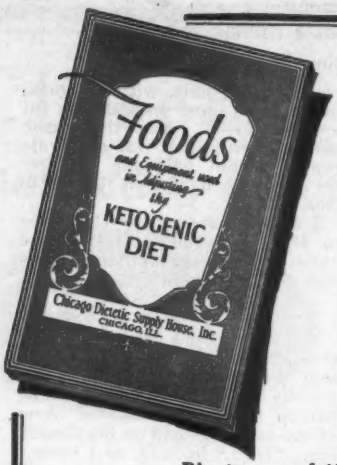
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Results are Prompt, Dependable, Lasting.

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Many hospitals and clinicians have found these foods most useful in computing a comfortable diet for their patients.

Contains many special calculated recipes for use in low carbohydrate, high fat diets.

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Prunoids are made of Phenolphthalein (one and one-half grains in each), Cascara Sagrada, DeEmetinized Ipecac and Prunes.

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Everybody's Business

Continued from Page 25

billion dollars. Ten years later it had risen to 66 billion dollars, while today it is estimated to be more than 90 billion.

Twenty years ago the salaried employee in the United States received an average of $976 per year—now he gets $2,084. The average income of wage workers during this same 20 years increased from $527 to $1,205. During the depression of 1921 there was a drop of $44 in the average yearly salary, and a decrease of $290 in the amount received by the average wage worker.

Equally convincing evidence of America's amazing progress is supplied by figures showing the growth of income from our four important subdivisions of industrial life. The total income from agriculture has risen from 5 billion dollars in 1909 to more than 8 billion dollars at present. Manufacturing increased from 5 billion to 20 billion; mercantile lines from a little less than 4 billion to 14 billion; and unclassified industries from 6 billion to 18 billion.

Right here it is worth remembering that the income from agriculture after showing a rapid increase to 12 billion dollars during the war, dropped abruptly in 1921 and has since been unable to do much more than maintain itself. Whereas the income from agriculture made up nearly 19 per cent of the nation's total income in 1919, it now represents less than 10 percent. This develops the interesting fact that the advance of business in the United States can go ahead rapidly without all of our major industries participating equally in the resulting prosperity. Those who proceed on the assumption that the return of prosperity in our country must await a complete settlement of difficulties in the automobile, the radio and the airplane industries, will likely find that they have been entertaining a mistaken idea.

People who talk of an extended business depression in the United States should give thought to developments of this kind before they succumb to the forces of pessimism. It is difficult to avoid the conclusion that the next decade will carry us to far higher levels of success and prosperity than were ever before attained.

In order to get a clearer understanding of the present situation, we must concentrate attention on major matters and not permit our broad outlook to be obscured by a multitude of minor difficulties of a transient character. When thinking of markets and purchasing power we must remember that our population is increasing at the rate of 15,000,000 people every ten years. We now have 48,000,000 men and women in the

FOR HEAVY COLDS — GRIPPE — BRONCHITIS
PRESCRIBE

ANGIER'S EMULSION

"It does loosen secretions, promotes expectoration, relieves congestion and eases respiration. The emulsified oil also maintains normal bowel action overcoming intestinal auto-intoxication."

Trial Bottles free to physicians. ANGIER—BOSTON 34, MASS.

Irradiated Yeast

an efficient anti-rachitic agent and a non-habit-forming laxative for expectant and nursing mothers

In keeping with the modern tendency to simplify the dietary of the expectant and nursing mother, physicians now have at their command a simple *food* which does away with two separate prescriptions.

Efficient anti-rachitic potency and non-habit-forming laxative action combined in "irradiated" yeast give it truly unique value.

The potency and uniformity of the vitamin D content in "irradiated" Fleischmann's Yeast give the physician a reliable source of this indispensable vitamin. When obtained from Fleischmann's Yeast, vitamin D in no way taxes the maternal digestion. To the contrary, Fleischmann's Yeast tends to counteract nausea because it acts chiefly in the intestines where it is needed.

As a laxative during pregnancy and lactation, Fleischmann's Yeast is particularly suited. It gently but thoroughly promotes regular elimination. Living yeast plants combat the harmful bacteria in the intestines—peristalsis is stimulated—prompt, complete elimination is effected without any irritation of the mucous membrane or the drawing of large quantities of water from the system.

Kindly address inquiries to Dept. Y-V-2 Fleischmann's Yeast—a product of Standard Brands Incorporated, 597 Madison Avenue, New York.

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continental United States earning money with which to support themselves and their 73,000,000 dependents.

Our consumption of electricity has increased 17 billion kilowat-hours in the last two years. In seven years the electrical industry has added the equivalent of 18 million horse-power to its generating capacity. Seventy per cent of our people now live in electrically wired homes. In a recent period of 15 years, while our population increased 24 per cent, the generation of electricity increased 626 per cent.

More than 65,000,000 of our people are now insured for $100,000,000,000, which proves clearly that Americans are farsighted, money-wise and provident. Thirteen years ago the total of life insurance in the United States was only $24,700,000,000. While it took 79 years for life insurance in our country to reach a total of $50,000,000,000, it required less than seven years for the second $50,000,000,000 to be added. Our present total of insurance in force is more than twice the outstanding life insurance of all the other countries of the world combined, notwithstanding that we have only one-sixteenth of the world's population.

This enormous growth in our total of life insurance means much to the stability of American business and the happiness of our people. Only a part of the money invested in modern insurance is for the protection of dependents. A great deal of it is designed to provide old-age annuities, endowments for the educational expenses of children, and quick resources to meet unexpected difficulties.

Furthermore, our insurance companies have become huge reservoirs of wealth, constituting a national safeguard in time of crisis. They are, in fact, our greatest investment trusts, using their money to public advantage and freeing an army of people from the loan shark.

(Turn the Page)

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is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

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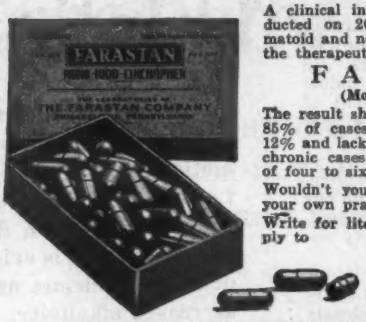
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As one has said, you can lock your hotel door with a Yale and Towne key made in Europe, go down to breakfast in an Otis elevator made in Europe, have a dish of Quaker Oats made in Europe, see the price of your breakfast rung up on a National Cash Register made in Europe, drink Cocoa-Cola made in Europe, wash your hands with Palmolive soap made in Europe, and shave with a Gillette razor made in Europe.

Such growth is enduring. It is not the kind that can be destroyed by panics and depressions. It represents a healthy program of development which is weaving around the great nations of the earth a network of industrial interests that will tend to make world wars an impossibility.

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We are just at the edge of commencing to capitalize the richest resources that lie anywhere in the earth. Beyond the coming decade no one can foresee. But so far as the years from now until 1940 are concerned, the stage is set for a thrilling business drama of absorbing interest. We have been doing a lot of sowing that is about to produce a rich harvest. Backward industries, those that have been in the "dumps," will come to the forefront and have their day. It is the way of science to develop new leaders for each fresh advance.

Yesterday's accomplishments will appear small in comparison with the plans about to unfold. We have built thousands of miles of highways. Now will come great systems of super-highways. Life will move ever faster. More thousands of new devices will be constructed and applied to tasks at present performed by human hands. Efficiency will be multiplied. Jobs that took two hours will be finished in one. Health will be fortified and the span of life increased.

Experience has shown clearly that this brand of philosophy concerning the future has been the kind that has paid the highest dividends in money and happiness in the past. More than ever will this be true in the days immediately ahead. Notwithstanding that every path has a puddle, every medal its reverse side, every hill its valley, every light its shadow, and every sweet its bitter sauce, our civilization goes steadily forward, always climbing to higher levels. The majority of our worries are unnecessary ones —crossing bridges before we get to them.

The present is a moment for real work, not for a waste of time

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Obtainable at Reliable Pharmacies

worrying about the exports of gold, the outcome of the Naval Parley, temporary slumps in sales, and a multitude of other daily occurrences that gradually adjust themselves or pass completely out of the picture as times change and remedies are provided.

The people who have made America are those who played for the long-pull and who were possessed of the strength and will to transform stumbling-blocks into stepping-stones. It is often worse for one to lose confidence than to lose capital. Half the failures in life arise from pulling in your horse while he is leaping. Want of confidence, like a rotten foundation, racks and brings down whatever may rest on it, be it ever so good in itself.

A Paper in Praise of Medical Mossbacks

Continued from Page 17

The first of the species I encountered was my father. I had been brought up to regard medical practice as consisting of reception rooms furnished in mahogany and deep-piled rugs, office finished in solid oak, tile and enamel, office girls of Kellerman figure and Titian quality complexion; of multitudinous laboratory tests and miraculous intravenous therapy. Obstetrics in the home were only for the training of medical students and for the Mossbacks. It was up to us educated doctors to show these back numbers a thing or two and bring the light into their haphazard, benighted lives.

My first bit of educating the Mossbacks was done on my father. It was my first call case of any note—a boy of sixteen—with a regular afternoon temperature that was higher each day, toxicity, all the symptoms of a typical Oslerian typhoid. Promising the parents a discouraging session of six or eight weeks (I wasn't quite sure which), I succeeded in impressing them sufficiently with the seriousness of the case.

I then permitted my father to accompany me and watch a real medical man work. With due humility he came along and obtained my permission to make a cursory examination in his haphazard way. While he was examining the case, I explained to him that in several days the Widal test would become positive. This he indelicately refused to believe, but, after a good lecture from me, he subsided.

On the following day he volunteered to stop and see the case on his way to the office. With misgivings I gave my consent, and late that afternoon I hurried over for a specimen of blood for

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THE western Indians employed a decoction of yerba santa for colds and coughs. Pioneers of covered-wagon days adopted this simple and effective remedy. Today, it (eryodictyon) has been accepted by the *U. S. Pharmacopœia.*

But the very resinoids to which this herb owes its therapeutic efficiency are unpleasant to the taste. Moreover, they precipitate speedily, making the dosage uncertain.

By combining yerba santa with Maltine, these disadvantages have been overcome. The Maltine not only acts as an agreeable vehicle, and, at the same time, retains the yerba santa in suspension, but it also possesses valuable medicinal properties of its own.

Maltine, a concentrated extract of the nourishing elements of malted barley, wheat and oats, is rich in the appetite-stimulating Vitamin B. Maltine promotes and improves nutrition, and aids assimilation.

Malto-Yerbine is more effective than extracts of yerba santa taken alone. As an expectorant it is preferred above cough mixtures containing opiates. The latter lead to depression, and interfere with the expulsion of bronchial mucus.

Malto-Yerbine is recommended as a stimulating expectorant in influenza, coughs due to phthisis, pertussis, bronchial asthma, and other respiratory affections. It is particularly valuable for children. Each fluid ounce contains the extract of 30 grains of yerba santa. Samples to physicians on request.



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another Widal. The boy was sitting up; there was a new sparkle in his eye, a snap to his smile, and a sting to his grin, while he nursed a large wad of dressing in his left axilla.

My benighted father, refusing to wait for a Widal, had found an axillary abscess, had lanced and drained it, and shot a durned good diagnosis of typhoid-fever all to blazes. Luckily for the firm, the family transferred their affections no further than to my father. The whole procedure reminded me very much of certain woodshed tactics so painfully practised by male parents of yore.

Other incidents followed—ludicrous, embarrassing, tragic. The old governor almost always came out apologetically ahead; contrary to all textbook ethics, he rode his hunch, and I sometimes saw him leap from one hunch to another in full gallop. His abject apologies almost drove the sting of the half-veiled twinkle in his eyes from my perception—but not quite. But, just the same, it was wrong, this coming into the sick-room, glancing at the patients, and slipping me the unwelcome info, "Son, your patient isn't going to make it." And most times, the patient, who appeared to me to be doing fine, accomodatingly passed away to prove him correct. On the other hand, patients would stop at their next-to-last breath and swing back into the Road to Wellville simply because he contradicted my gloomiest of prognoses.

As my practice and medical acquaintance widened, I met others of the same genus—shy, tired-looking men, who would sidle into our brilliant midst, effacing themselves as much as possible. On rising to speak, they would invariably preface their remarks by such an unnecessary statement as, "Of course, you know, I am only a country doctor, but it seems to me—."

There was no need of saying it, we could see it. But, to my surprise, they were allowed to

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speak; still more surprising, they were gravely listened to, and even applauded. What a shock it was when I comprehended that one of these Mossbacks had brought Roosevelt, the great Lincoln, and, greater than these—myself—into the world, performing this extremely dangerous feat in a humble home, without sterilized gown or rubber gloves.

I determined to find out why these "has-beens" were still allowed to disgrace the noble profession. Here are a few of the results of these observations, made by one who is in the second stage of his medical birth—the first irregular pains and fright having resolved themselves into regular, systematic effort, while the third stage is seen coasting over the far horizon.

* * *

The main difference between the education of the Mossback and the modern doctor (physician, as he prefers to be yclept) is that the former was taught to use his eyes and drugs, while the latter is hung onto a microscope objective and taught to twiddle the test tube, and to good-naturedly pooh-pooh all drugs except salvarsan and morphine.

The Mossback, whom we will henceforth designate as the "Old Doctor," entered medical college after a high-school or equivalent preparatory course. He was drilled in Materia Medica, taught to roll pills, and to give with his own hands an enema. His much-ridiculed "gunshot prescriptions" were efficacious. This I know to be true, for, despite my ridicule of them, I was so impressed with the efficacy of my father's prescriptions that I secretly filched most of them for my own future use.

The Old Doctor's course lasted from three to four years. After medical school days, he "set up" his office, usually over some philanthropic druggist's emporium, and often lived in a back room. He was his own janitor, bookkeeper, chambermaid, groom, and driver. On long drives into the country, the steering apparatus of his chariot was much less complicated than it is on the modern "puddle-jumper," consisting, as it did, of two leather reins loosely draped over the dashboard.

The accelerator was simple—to "step on 'er," it was but necessary to wave a twig over the Old Gray mare, click the tongue, and utter an occasional cuss-word. The attention was not diverted; the Old Doctor could study the little angles of the cases he had seen during the day, and, as the peace of twilight enfolded him, he could spend long hours in meditating upon human frailties, and could shape his ideals much better than can be done, even with much greater effort now.

Small wonder he learned to know human foibles, to get close to his patients, and to love them as a guardian and confessor should. He was a friend, a counsellor, a part of the simple lives of his patients, unstirred then as they are now by jazz, heart-rendering movies, high-powered automobiles, and petting parties. Often his reward was a sack of spuds ceremoniously dumped into the wagon box, or a joint of ham or side of bacon placed on the seat beside him. Five hundred dollar fees came in small sections, each section the result of a call.

Small wonder that the Old Doctor developed baggy trousers, a tired stoop to his shoulders, and kindly crowsfeet around his

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shrewd eyes. The reward for an all-night vigil at some little tot's bedside, or a tug-of-war contest with an obdurate stork, was a life saved or begun—not a seventy-five dollar fee, two-percent off for cash. The ambition of the Old Doctor was to cure the sick; his painful necessity was to collect enough cash to pay a deposit on an occasional meal-ticket and new suit. Sometimes, by a slip of rigid destiny, he could even scrape enough of the septic lucre together to send the wife and toddler to Kansas City on an excursion. But never did he fully realize what a Mossback he was until said toddler grew up and came home from Medical College and explained the matter to him.

(Concluded in March)

The Doctor and His Investments

Continued from Page 19

way," I pay my fee gladly, and feel pleased that he discovered no significant impairments.

Yet there are suckers among medical patients who would feel cheated if they went to the doctor's when nothing was the matter with them. In general, I want to say to the Milwaukee doctor that I find him enjoying good financial health, and have no radical remedies to prescribe.

Saved surplus is the real income of a man. The doctor is still a young man, yet if he were immediately called into the great beyond by some trick of fate, he would leave his family with an income of somewhat over $3,000 a year. His ordinary life expectancy is of course to live for a considerable number of years longer, and if such expectancy is fulfilled he will doubtless leave his family with a substantially larger income as a result of the estate which he is gradually and wisely building up out of savings.

Inasmuch as the success of an individual in dodging taxicabs and other high executioners is uncertain, however, the doctor ought first to cope with his insurance problem. He carries $27,000 in life insurance on the straight life or 20-payment basis. For a man in his position I prefer the ordinary life policy and would recommend that the additional policies be taken out on the ordinary life plan. In figuring out how much insurance he needs, the doctor should estimate what the minimum reasonable budget for his family would be if he were not here. If his $3,000 a year is not enough the doctor needs 20 times as much additional insurance as he desires additional annual income for his family.

I would suggest that he take out policies to provide for the education of his two children. How much insurance does each child need? The answer depends upon the standard of living of the family, and the ambitions in regard to the child's higher education. Columbia University estimates that the average annual cost of college education is $1338 a year. Accordingly, at least $5000 would be needed for a full four year course and additional

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allowances would have to be made for post graduate or professional school work.

The cost of a $5000 ordinary life policy for a father 35 years old would involve a net outlay for the first year of $99.25 or about $.27 a day. I think that this method of taking out a $5000 policy for each child would be better in this particular case than the alternative plan of insuring the life of each child. A number of companies, including the Mutual Life Insurance Company of New York, will write policies on the lives of children as young as 10 years of age.

If endowment policies are taken on children's lives the premiums are paid by the parents, and lump sum estates will be created by mere strokes of the pen. At the maturity of the policy the child will get the total cash as capital with which to start out on a business career or as alternative an income from the fund paid out in monthly instalments by the insurance company in a trust fund which may be administered in accordance with the parents' wishes by a trust company.

The loophole in this plan is that the parents may die in the meantime and make no provision for the premiums of the policies on the child's life. Of course this emergency could be provided against by special insurance policy on the parents' life, which would provide enough cash to meet the permium on the child's life.

The doctor should also immediately arrange to take out a noncancellable health and accident insurance policy in one of the strong companies such as the Pacific Mutual Life Insurance Company of Los Angeles or the Massachusetts Accident Company. This would be the means of insuring earning power irrespective of the physical condition of the insured. I would also suggest that this doctor and all others also carry malpractice insurance. There of course is the need also of liability insurance in case he is a motorist. It goes without saying also that the doctor should protect his other property with burglary and fire insurance.

He already has a substantial equity in his home. I think it would be good business for him to replace the building and loan mortgage which must be gradually retired with a savings bank mortgage which can be continued indefinitely, possibly at a lower rate of interest. In case of death

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Six styles. Freedom of movement or holds a dressing.
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his survivors could immediately pay off the mortgage out of the insurance proceeds.

If a man owns a house which he intends to keep for his family permanently, there are great psychological advantages in owning it free and clear. The purely financial advantages are more debatable.

For in the first place it is easier to sell a house which carries a first mortgage than one which is free and clear. If there is no mortgage, the new buyer must either pay more cash than he has available, to arrange the transaction, or he must go to the trouble of getting a first mortgage.

Secondly, even if the owner intends to hold the house for his own use, his assets are perhaps more liquid and better diversified if he retains a moderate sized mortgage on his building and places the funds which otherwise would have been used to retire the mortgage, into a diversified list of high grade stocks and bonds. In case of emergency, when cash is immediately needed, it is frequently difficult to realize on a house without a great sacrifice, but securities will always find a ready buyer in the market place and exchanges.

As for the doctor's investments he is to be congratulated because he has adopted a balanced financial diet instead of having yielded to the prevailing fallacy of putting all of his funds in one type of security, such as common stocks. The building and loan shares are to be grouped with bonds instead of stocks because they are participations in issues which partake of the nature of bonds, representing a debt rather than ownership.

The doctor should make sure that his funds are in a building and loan association which is honestly and capably managed. I suggest that he ask his bank to look into this matter for him, checking up on the character and ability of the men behind the association. Building and loan associations are primarily adven-

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In general the doctor should try to make his commitments in the shares of the strongest American corporations in times of general apathy in the financial market rather than in periods of public excitement and excessive speculation. In times of economic recession, the doctor will find that the investment purchasing power of his savings has increased. Without attempting to forecast the short term outlook for security prices I now believe that standard American stocks are infinitely more attractive at prevailing prices than they were shortly before the culmination of the recent bull speculation.

As for the doctor's question about his commitments in American Telephone and Telegraph and Union Pacific stock, the problem is not whether those shares are worth what he paid for them but whether they are worth the present market price. I consider both shares of strong well managed companies, which are suitable for a place in a diversified investment portfolio such as this doctor has. It might be worth while for the doctor to buy a little more of these shares at lower prices and reduce his total cost. Before making new investment commitments, however, I would suggest that the doctor reduce his bank loan out of current savings.

Though the Electric Bond & Share stock is more speculative than the other two issues, the company in my opinion has a good long term future. It is a holding company with substantial minority positions in leading affiliated domestic public utility holding companies and with a controlling position in American and Foreign Power, a subsidiary which has been formed to develop power systems in various foreign countries. The Electric Bond & Share company was formerly a subsidiary of the General Electric Company. It is exceedingly well managed and derives its income

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from dividends on the shares of subsidiaries and also from management fees paid by subsidiary and affiliated corporations.

Professional men who are investors rather than speculators have somewhat been helped by the downturn in the business and financial cycle. If their income is more or less fixed, varying little between prosperous and depressed years, they benefit to the extent that their savings will purchase investment income more advantageously than in times of bull markets when investors are competing with highly emotional speculators in buying securities. Physicians ought to take advantage of prevailing conditions to lay out a program for acquiring for their portfolios shares of standard railroad, public utility, and industrial companies which are reasonably priced on the basis of known assets and established earning power.

This doctor has made a good start toward financial independence. He has been practicing only ten years yet has already built up a sizable estate. Moreover, he has probably not by any means reached his maximum earning power. It would be wise if he firmly resolves at least for the next ten years to turn over all aditional income to the thrift account in order to quicken the process of creating an estate sufficient to provide comfortably for his family in case of premature death, and also to provide an adequate retirement fund for him in case he should live to a ripe age.

The physician should continue his tendency to apply the doctrine of preventive medicine to his own investment program. He should have at least an annual audit made of his securities to be sure that changed conditions have not impaired the value of his holdings. He should remember that in the world of economic affairs all is flux and the strong corporations of today may become weaker tomorrow. It does not pay to put securities in a strong box and forget them.

(Turn the Page)

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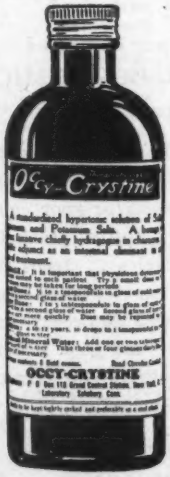
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Ups and Downs

-a monthly review by the financial editor

In the current business recession which started early last summer perhaps the worst manifestations are to be seen at the present time when seasonal factors contribute to business dullness and unemployment. There is a widespread hope that a distinct upward trend in business will come with the advent of spring. Expectations of increased purchasing power on the part of farmers in the crop year ending in the first half of 1930 help to buoy hope concerning the general business outlook.

* * *

Of Colonel Leonard P. Ayres' 24 definite forecasts for the current year, two thirds were optimistic and one third pessimistic.

His forecasts included the following: early in the year, business will be slow and still slowing down; a year of relatively low interest rates; low auto production; reduced iron and steel production; reduced coal production; total industrial production somewhat below 1929; building construction will increase as the year advances; output of railroad equipment will be larger; freight car loadings will be somewhat lower; industrial profits will be reduced somewhat; trend of general business will improve as the year goes on; advancing stock and bond prices; stock prices will probably begin to advance before industrial recovery sets in; dividend payments will hold up; the number of commercial failures will increase; volume of check payments will increase; mail order sales will increase; chain store sales will expand; output of electrical power will be greater; gasoline production will be larger; magazine advertising will increase but newspaper advertising will decline.

* * *

At this season of publication of annual reports of corporations, investors are getting a somewhat new experience of sharing knowledge to which they have hitherto been denied access. Corporations which used to be chronic sinners in the matter of withholding data to which stockholders were entitled, have recently sought to mend their ways. Since the Wall Street debacle last Fall numerous companies have issued interim reports to show how solid their assets and how high their earnings were. They have recently been using annual reports as a means of bolstering up sentiment, disclosing earnings which otherwise they might have been disposed to hide.

* * *

Low interest rates should in time be stimulating to the building trade. In discussing housing needs for 1930, Clarence M. Woolley, chairman of the American Radiator & Standard Sanitary Corporation, and one of President Hoover's chief advisors in the recent White House economic conferences, pointed out: "The census tells us approximately the average number of new homes that have actually been built annually since the beginning of the last century. Fairly accurate records back to 1880 tell us how many houses on the average burned down each year. Investigations by the government indicate that, conservatively, the average life of buildings is about 40 years. Combining all of this information, we find that in 1930 we shall need 979,000 new homes. Of these, 35,000 will be to replace fire losses; 534,000 to replace obsolete

That

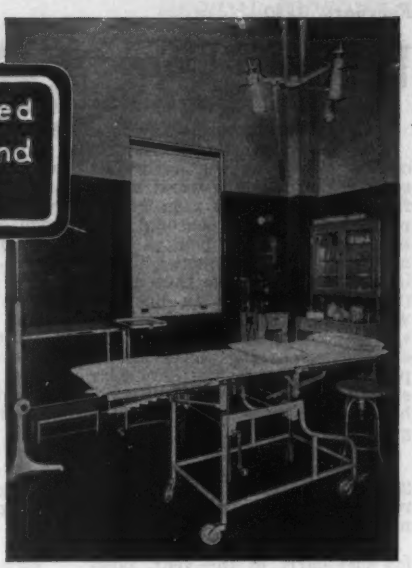
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(See Page 8)

Specialists' Office Outfits

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C. M. Sorensen Co.,
Long Island City N. Y.

Miscellaneous

Pelton Surgical Cuspidor
The Pelton & Crane Co.
Detroit, Mich. (See Page 48)

Schellberg Colonic Therapy Apparatus
Schellberg Mfg. Corp.,
New York City (See Page 75)

Ether Vapor and Suction Apparatus
Max Wocher & Son Co.
Cincinnati, Ohio

X-Ray Equipment

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American X-Ray Corporation
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Victor
Victor X-Ray Corp.,
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* * *

If the changing central bank policies in the various parts of the world in the direction of lower interest rates, prove stimulating to world trade, it should particularly help those corporations which specialize in the great exportable raw materials such as copper and other non-ferrous metals.

* * *

Signs point to a marked resumption of foreign financing. During the latter stages of the bull market, funds were in such demand for speculative purposes at home that New York virtually temporarily abandoned its position as world financial center. As a matter of fact New York was a borrower on balance in some foreign countries, rather than a lender. The abnormally high interest rates prevailing in New York before the culmination of the bull market served as a magnet which drew free funds from all parts of the world and starved many foreign countries for credit. Accordingly, the end of the bull market helped to bring about more normal economic conditions in various parts of the world.

* * *

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Leaves from the Diary of a Physician's Wife

Continued from Page 105

over for the day. I do think Saturday night makes an ideal play time.

April 23

Talk about the patience of Job! Job never had to be a doctor's wife. I could teach him a few things about patience myself.

Bob came trailing home late for dinner tonight, reducing me to a state of exasperation. Oh, yes, he had a perfect alibi. A doctor can always produce an alibi, when he wants to get out of some unpleasant job. I can't help feeling that he was deliberately ducking out of having to entertain his Cousin Sarah who is visiting Bob's folks for a couple of weeks, and invited herself here for dinner tonight.

She is a pest, always thinking about her insides and watching for symptoms. Poor soul, I bet she had expected to get quite a kick out of dining with the doctor. Bob ought at least to have helped entertain her a bit.

April 26

Bob and I went to Dr. J's funeral service at St. Paul's tonight. I hadn't known him very well, but he was an Attending in the hospital when Bob was interne there. He has practiced in this neighborhood for many years and everybody loved him. I recognized many of our neighbors in the church, many of them with eyes swollen from weeping. The church was crowded, and the medical profession had turned out in force to do him honor. So many handsome and distinguished white heads were there!

Apparently a long honorable life of real service does bring its reward, although it is unfortunate that the doctor doesn't always reap the reward while he is alive. It makes me think of the old saying, "I'm very very fond of roses, but I want them now, not when I'm dead."



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